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Wilson et al.

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(54) **SPINAL IMPLANT**

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(73) Assignee: **K2M, Inc.**, Leesburg, VA (US)

(*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 344 days.

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(65) **Prior Publication Data**

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(51) **Int. Cl.**
A61F 2/44 (2006.01)
A61B 17/70 (2006.01)
(Continued)

(52) **U.S. Cl.**
CPC ***A61F 2/4455*** (2013.01); ***A61B 17/7059*** (2013.01); ***A61B 17/8625*** (2013.01);
(Continued)

(58) **Field of Classification Search**
CPC A61F 2/4455; A61F 2/446; A61F 2/4465; A61F 2/447
See application file for complete search history.

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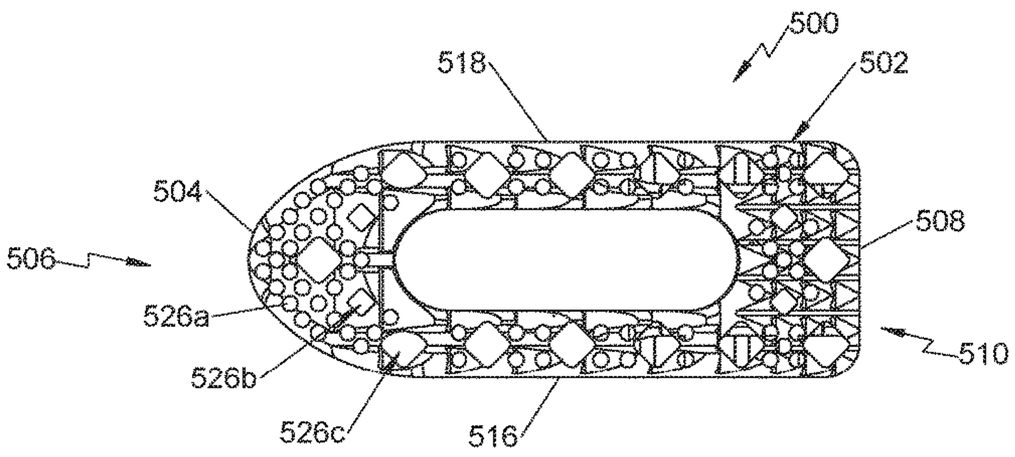
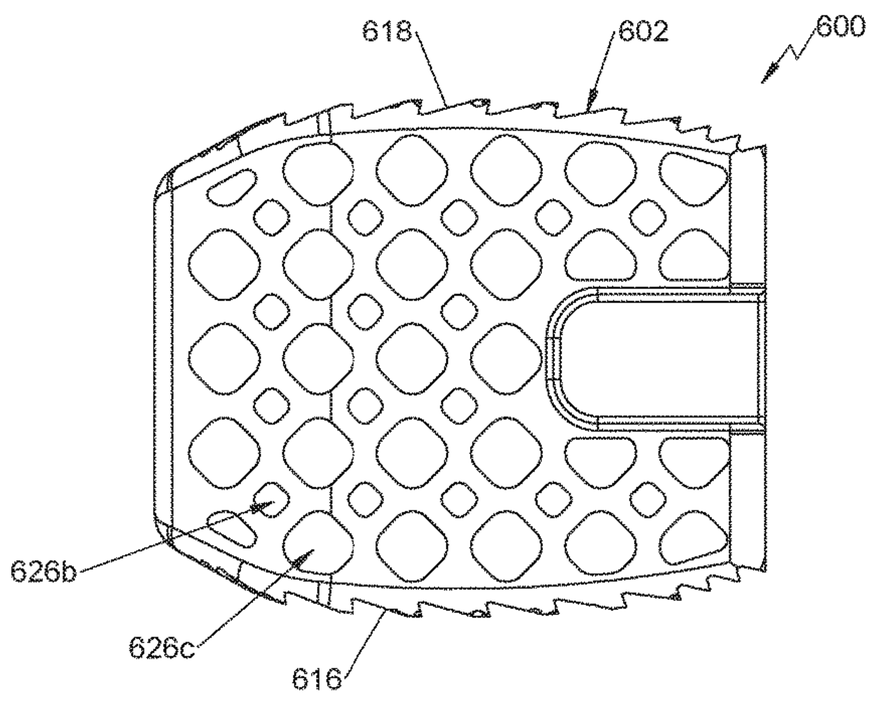
Primary Examiner — Matthew J Lawson
(74) *Attorney, Agent, or Firm* — Lerner David LLP

(57) **ABSTRACT**

A spinal implant is provided and includes a body portion defining a longitudinal axis. The body portion includes a distal end portion, a proximal end portion, opposed side surfaces that extend between the distal and proximal end portions, and top and bottom surfaces configured and adapted to engage vertebral bodies. The top and bottom surfaces have a surface roughness between 3-4 μm. A cavity extends through the top and bottom surfaces defining a surface area that is at least 25% of a surface area of the top surface or the bottom surface. First orifices are defined through the top surface and second orifices are defined through the bottom surface. The second orifices are connected to the first orifices by a plurality of channel.

20 Claims, 10 Drawing Sheets





Related U.S. Application Data

(60) Provisional application No. 62/196,371, filed on Jul. 24, 2015, provisional application No. 62/108,197, filed on Jan. 27, 2015.

(51) **Int. Cl.**
A61B 17/86 (2006.01)
A61F 2/30 (2006.01)

(52) **U.S. Cl.**
CPC ***A61F 2/44*** (2013.01); ***A61F 2/447*** (2013.01); ***A61F 2/4465*** (2013.01); *A61F 2002/3092* (2013.01); *A61F 2002/3093* (2013.01); *A61F 2002/30593* (2013.01); *A61F 2002/30622* (2013.01); *A61F 2002/30784* (2013.01); *A61F 2002/30904* (2013.01); *A61F 2310/00023* (2013.01)

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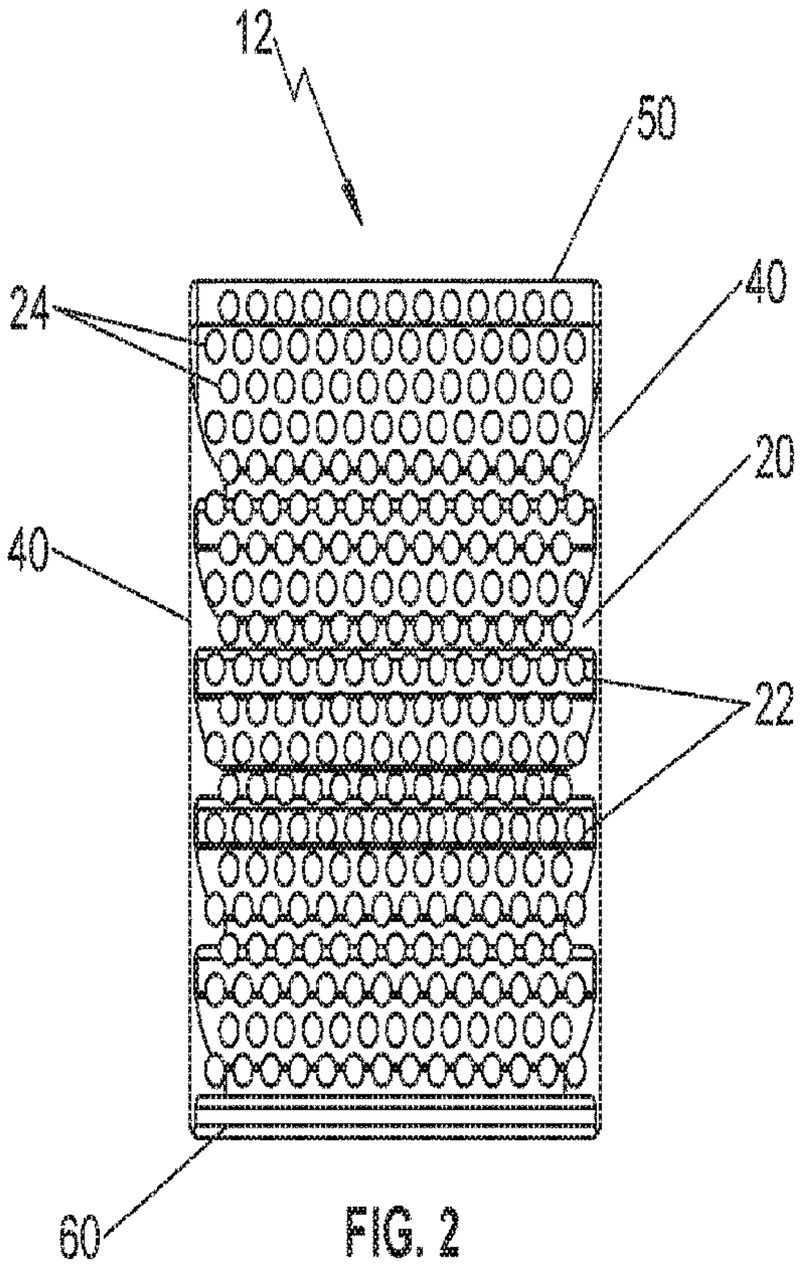

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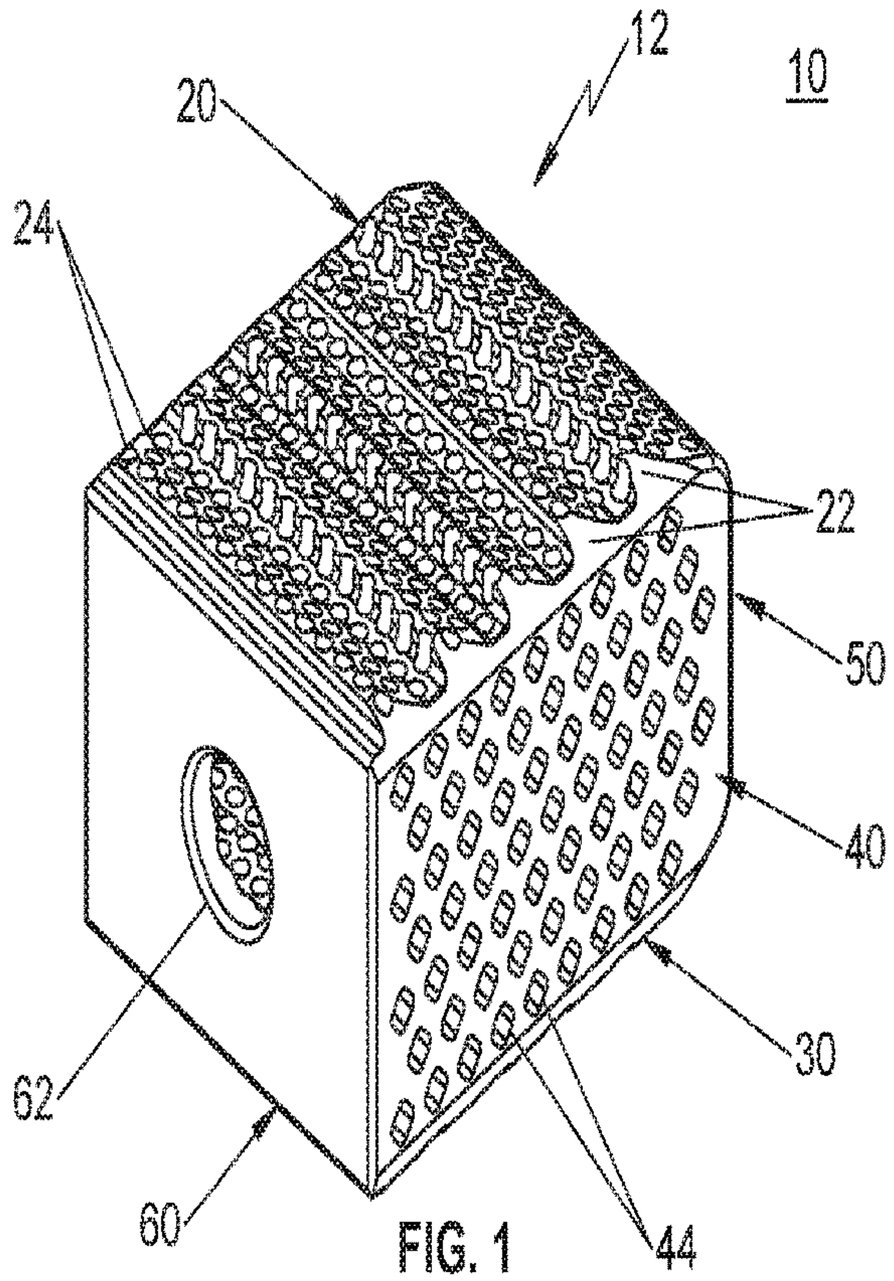

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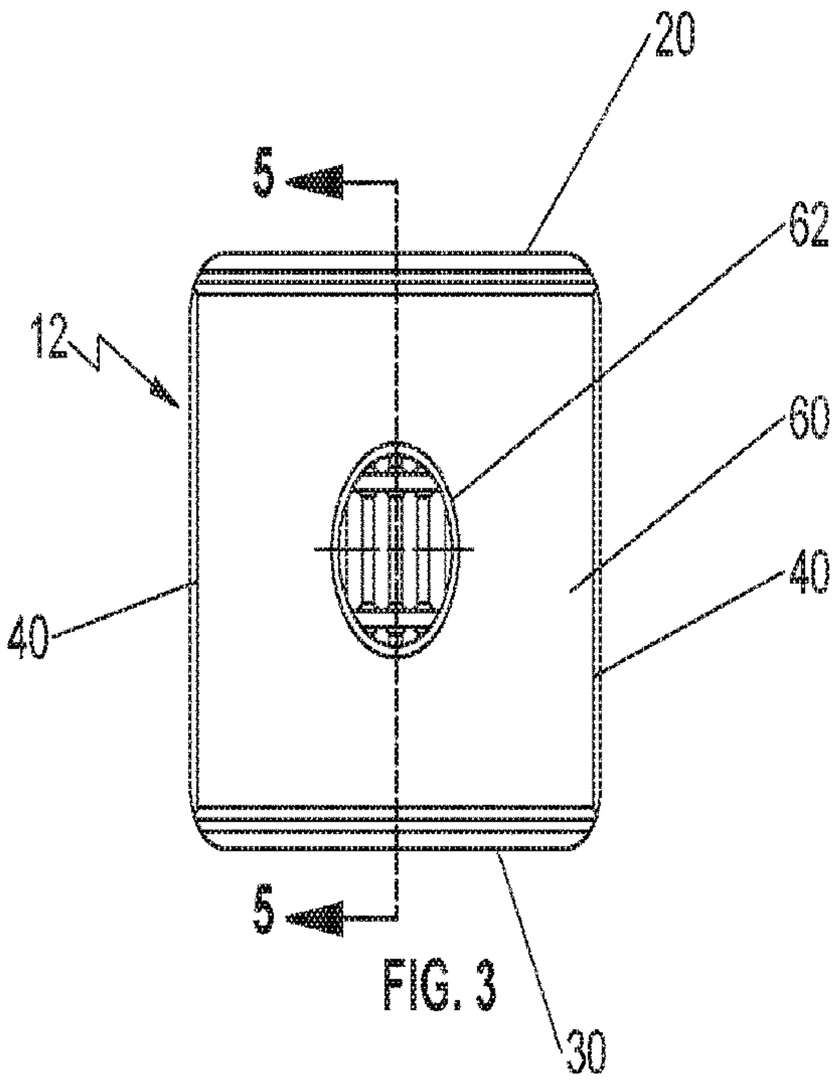

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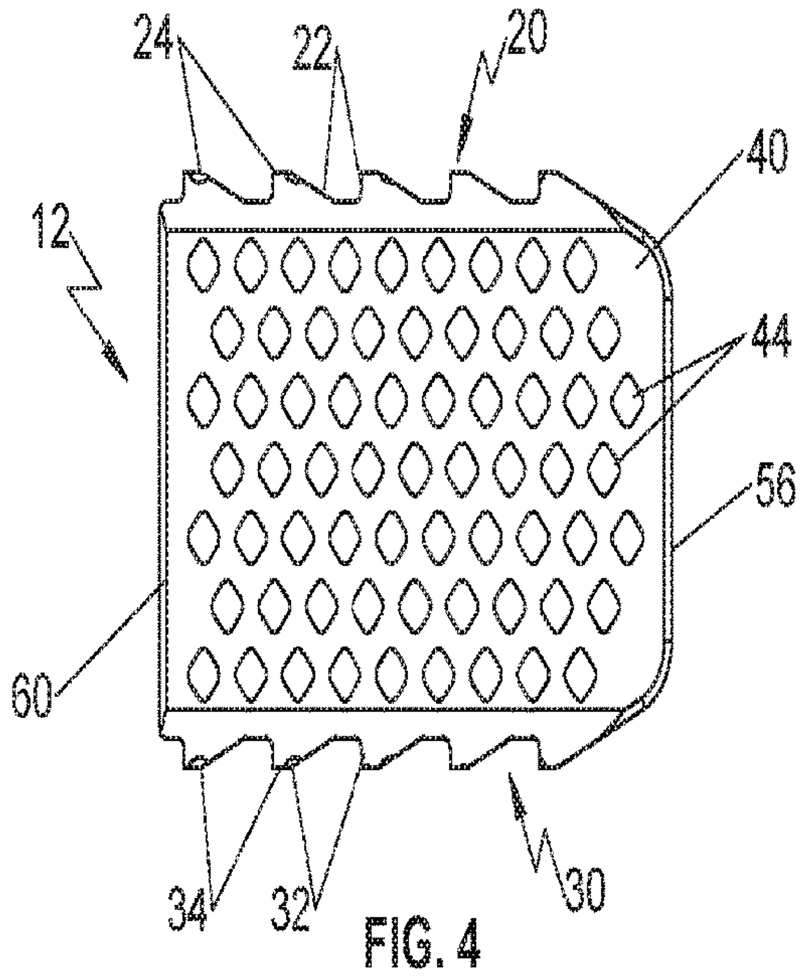

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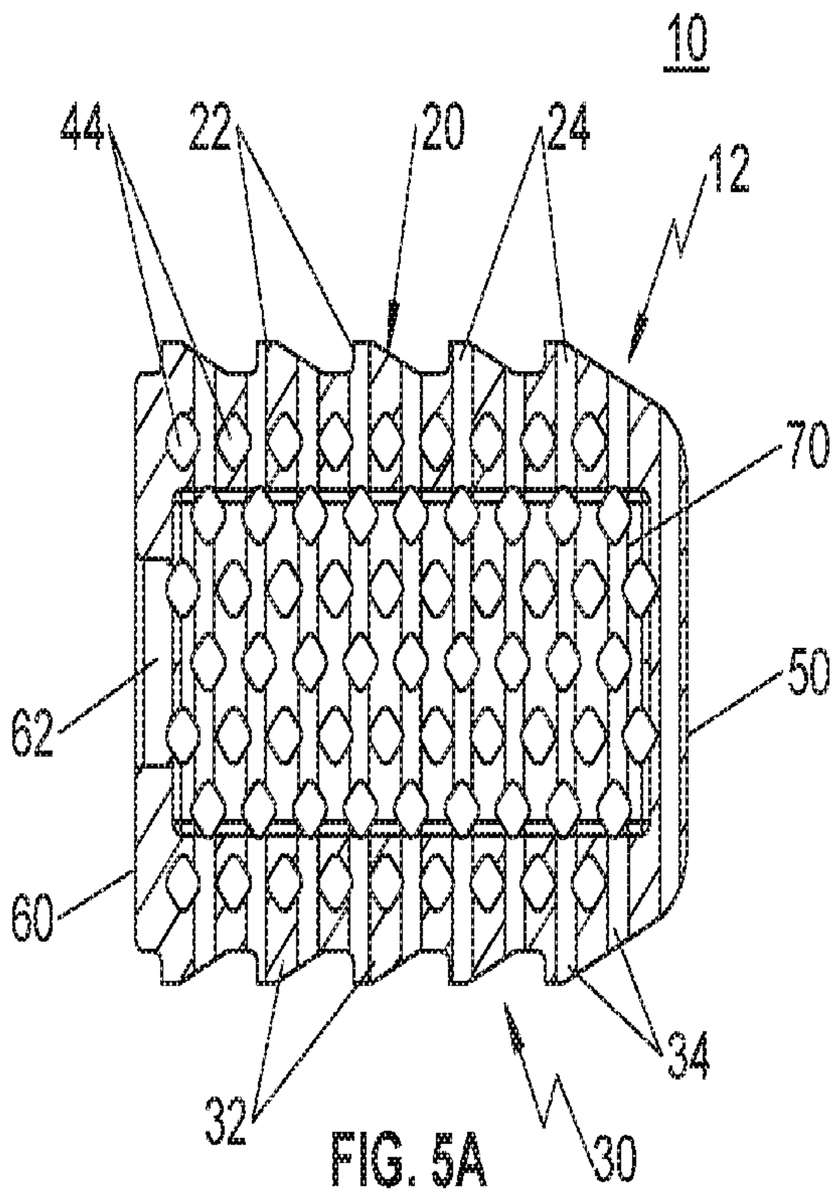
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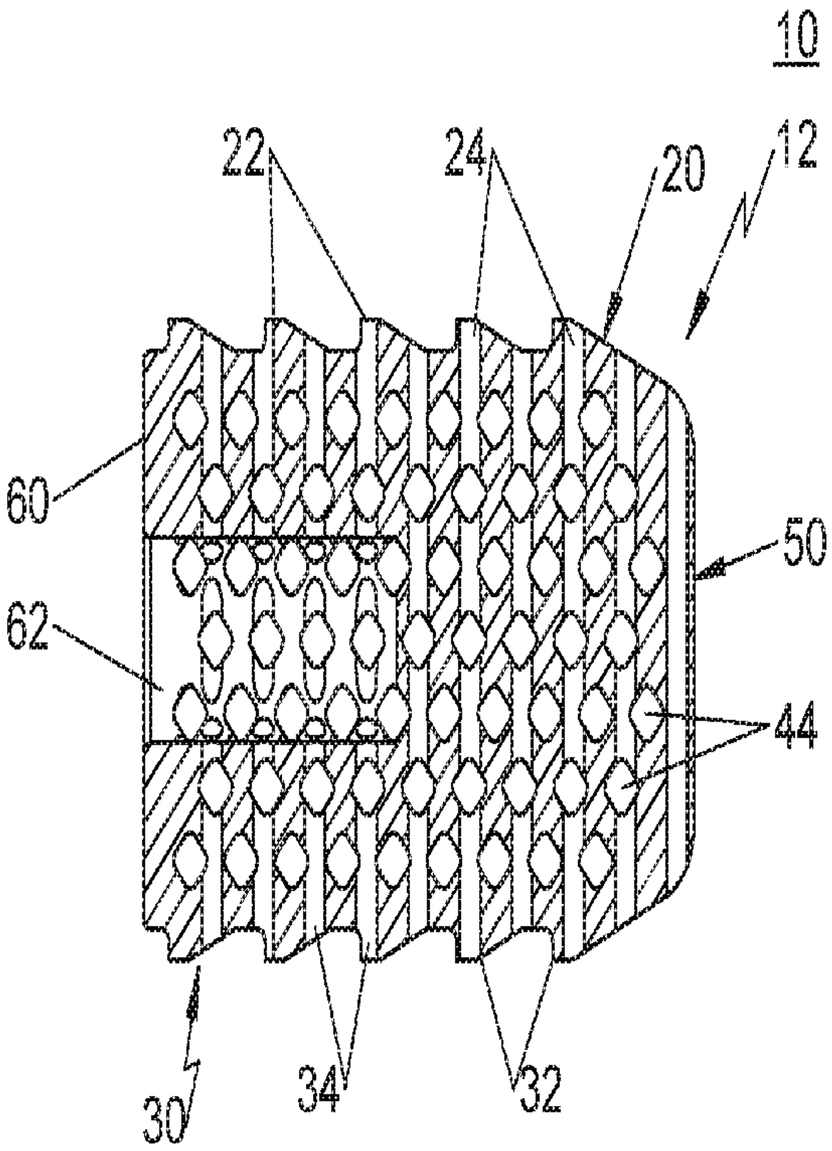
FIG. 5A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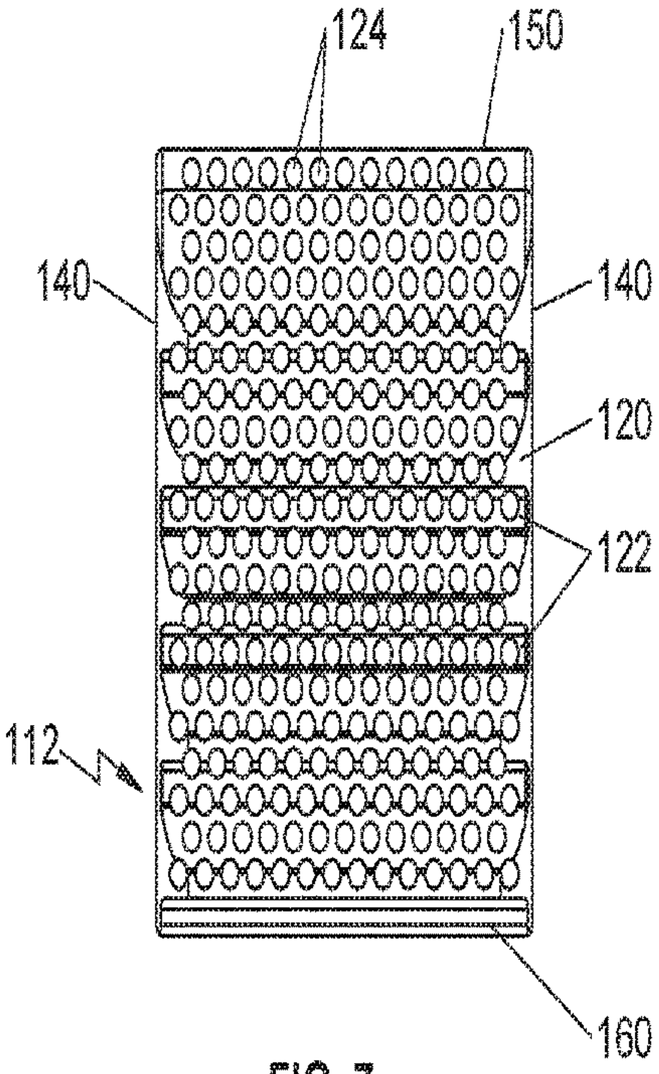

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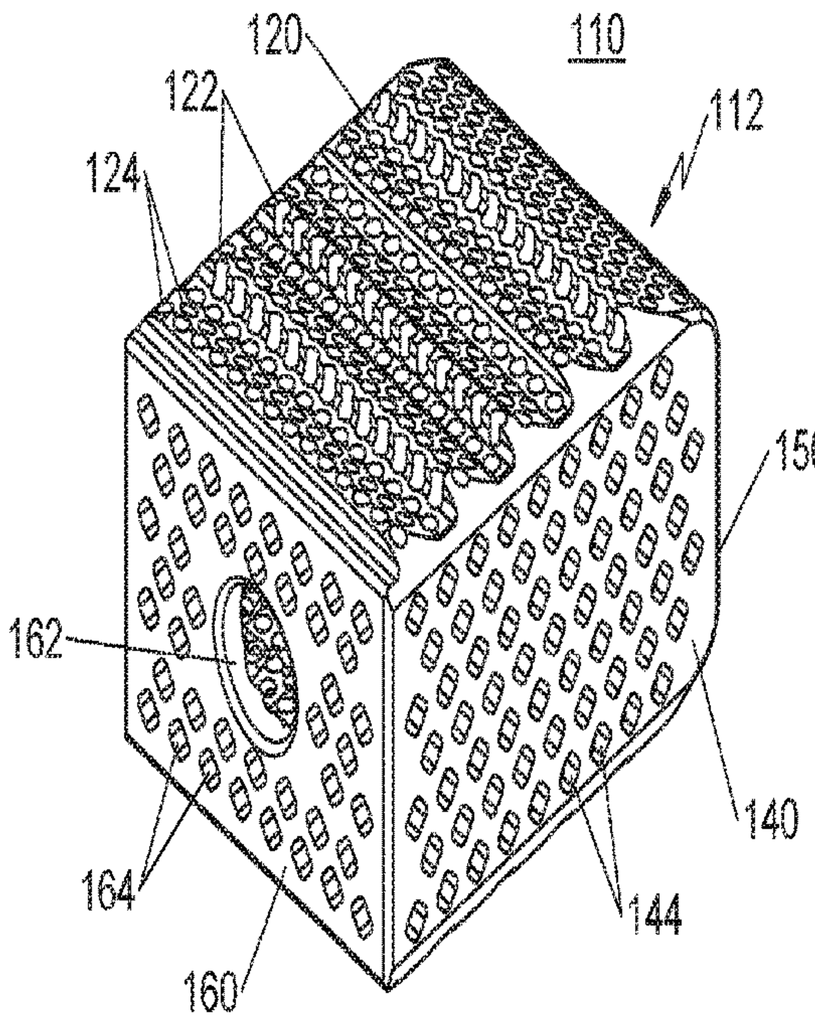

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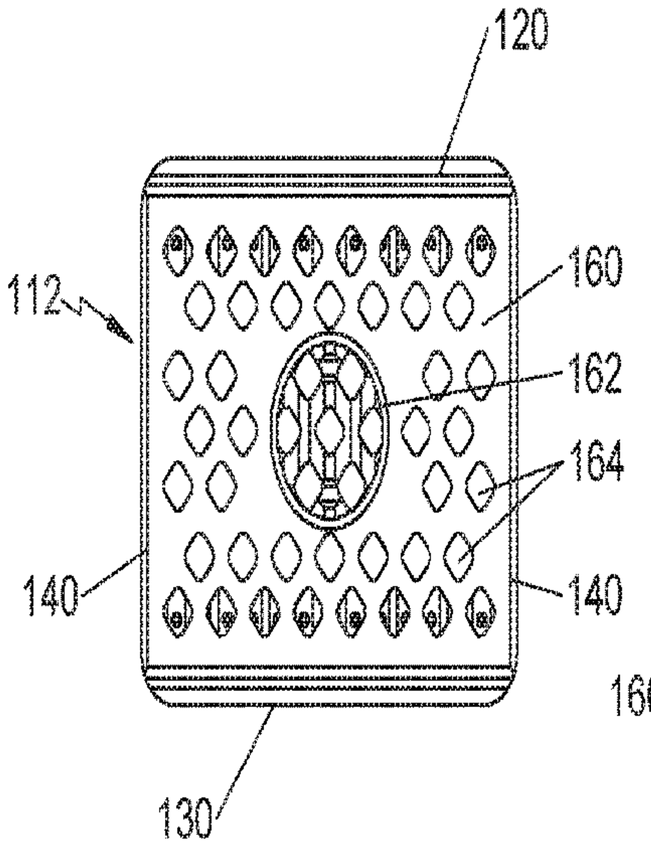

FIG. 8

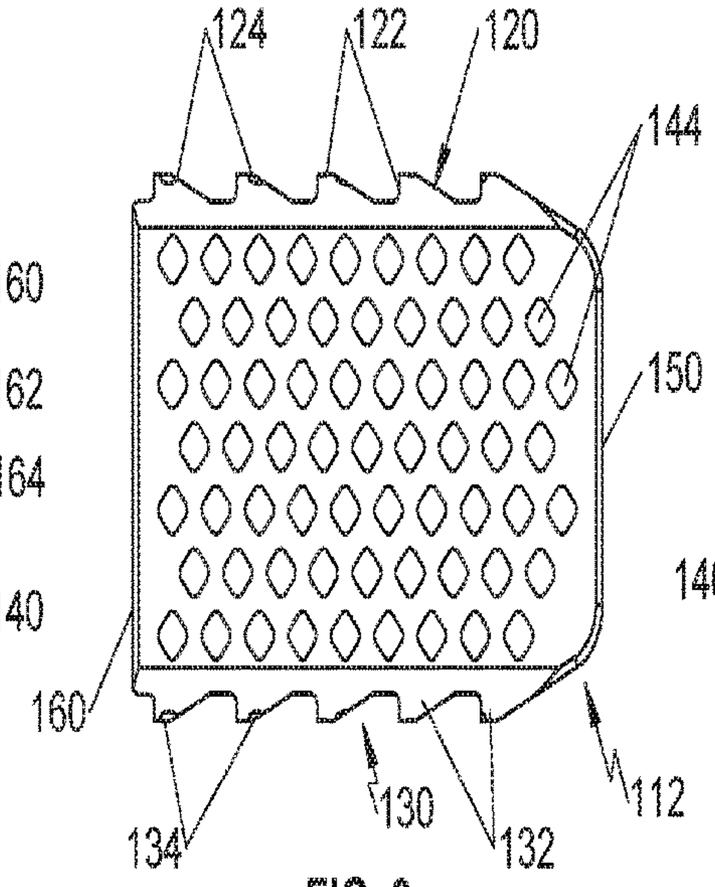

FIG. 9

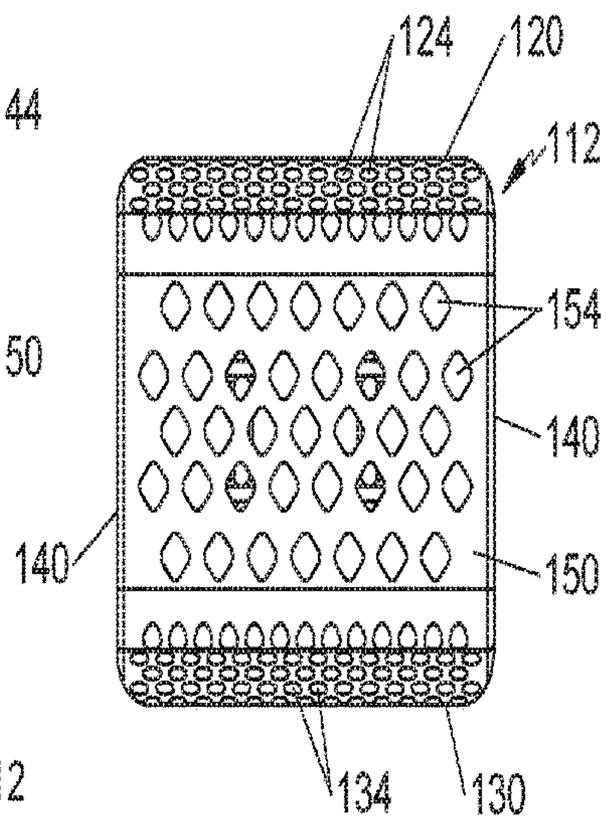

FIG. 10

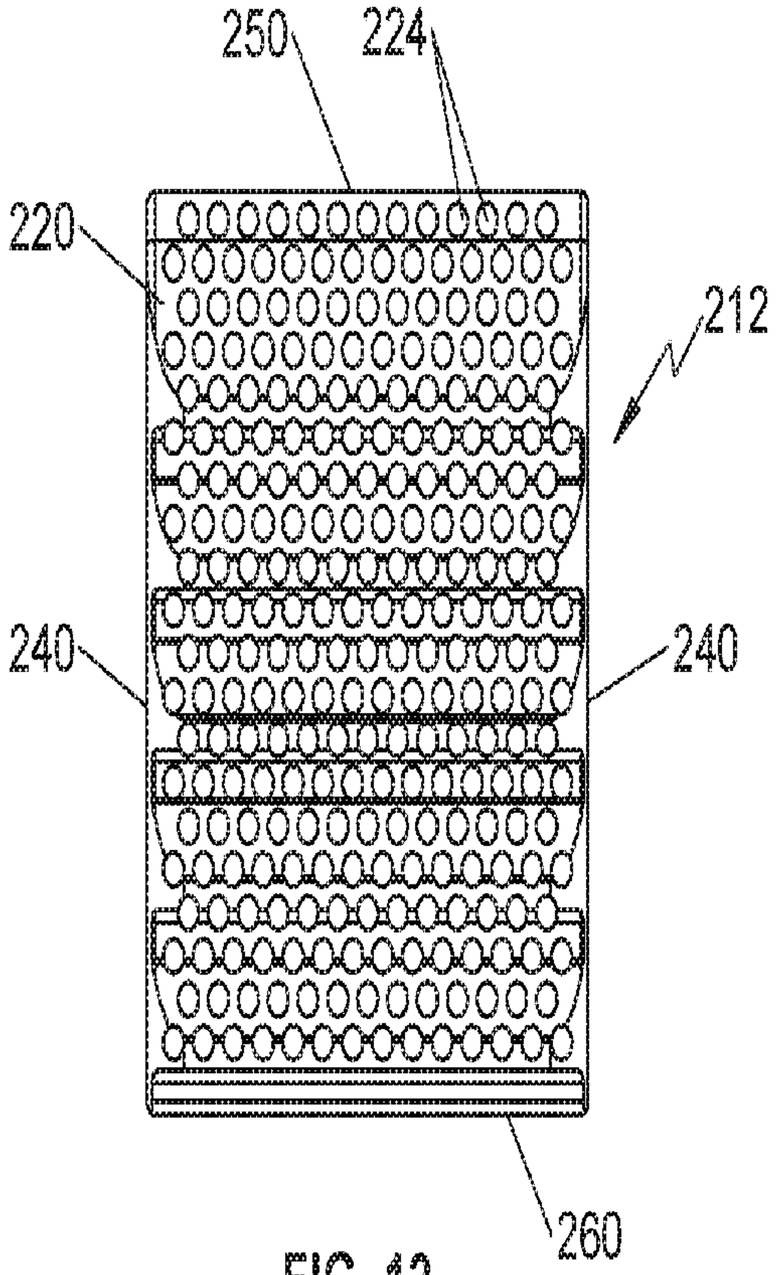

FIG. 12

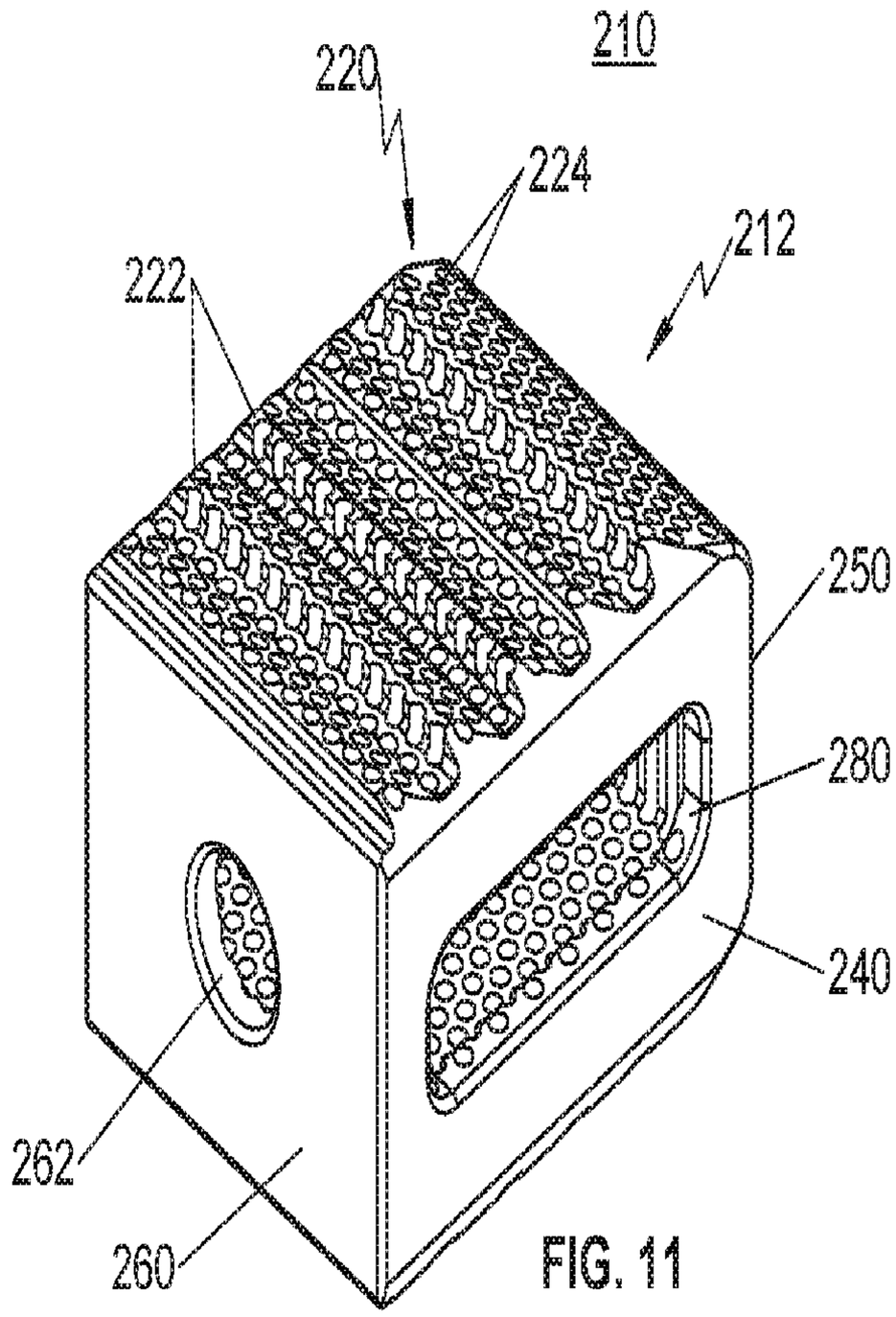

FIG. 11

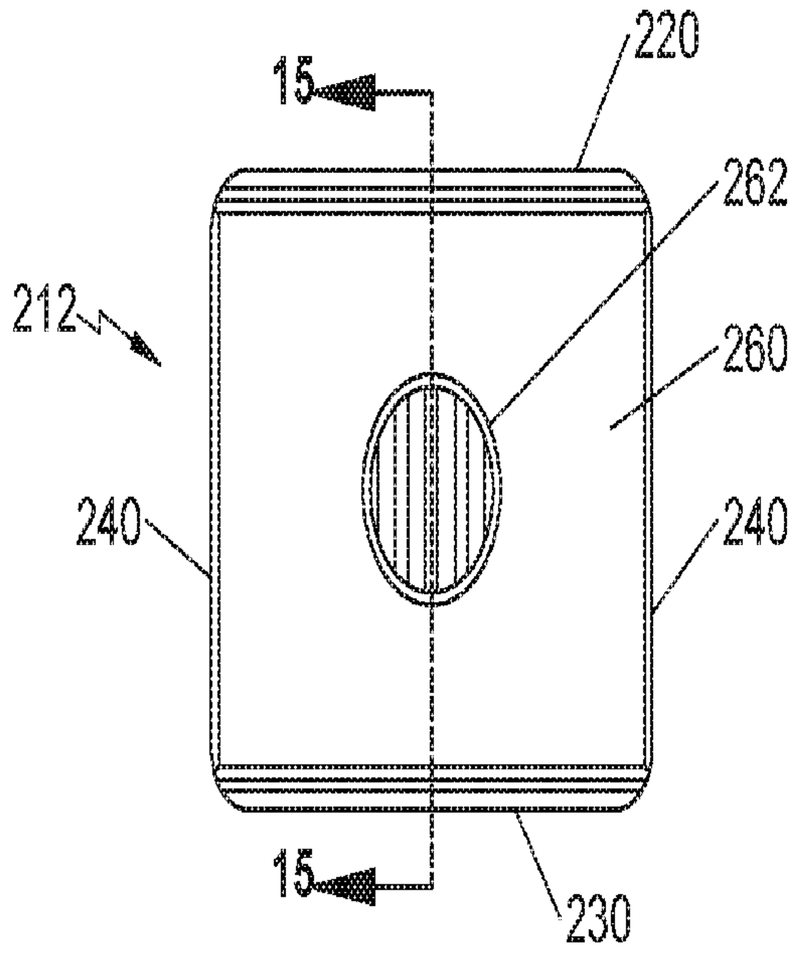

FIG. 13

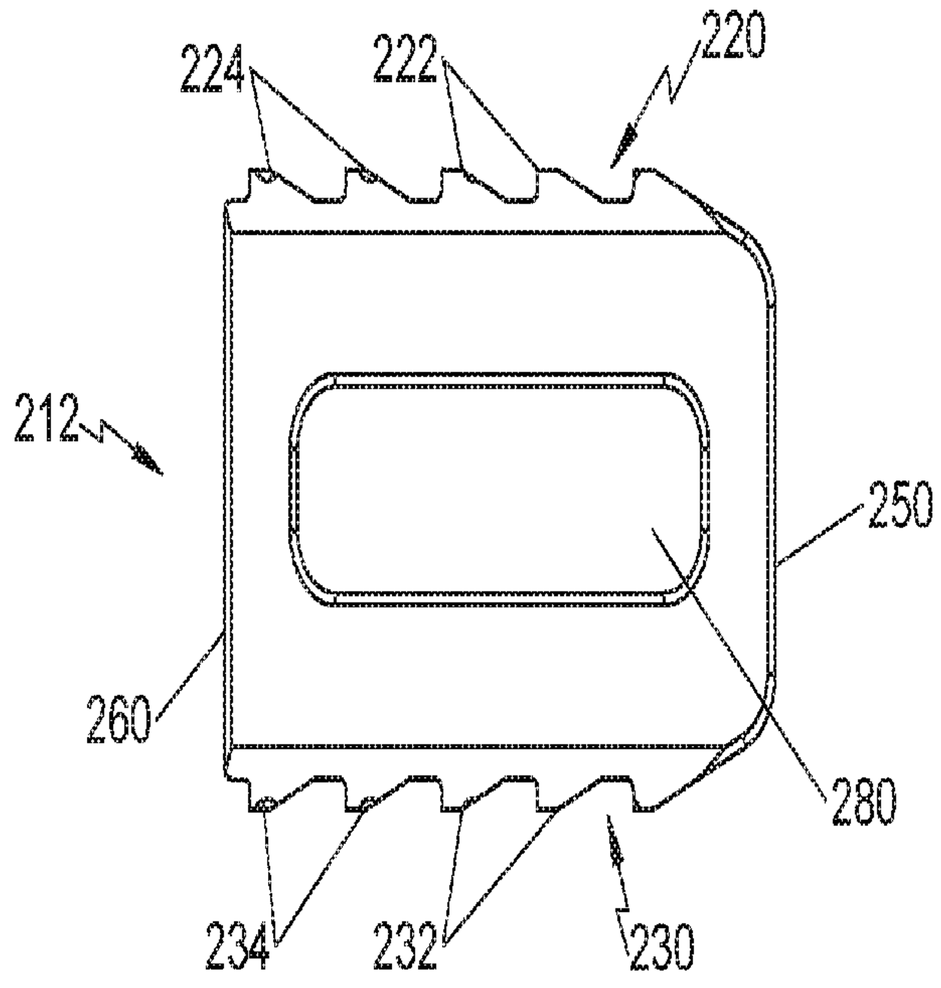

FIG. 14

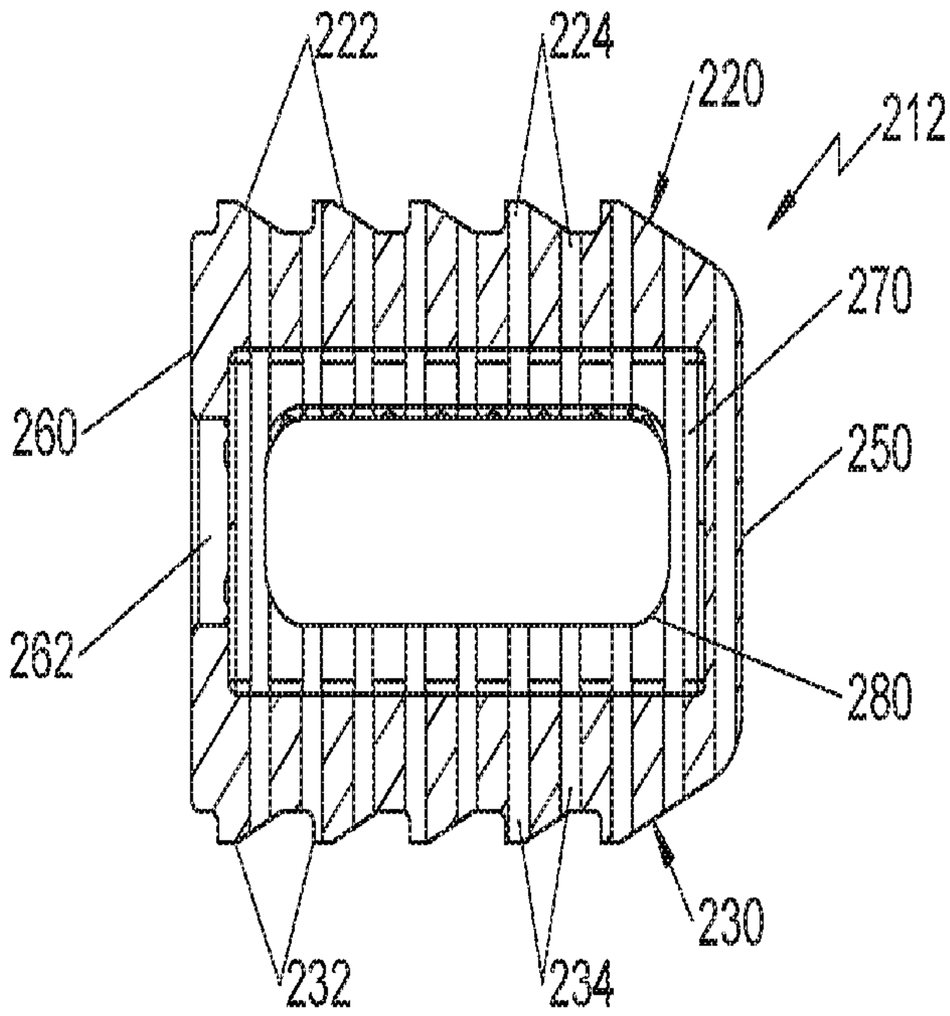

FIG. 15A

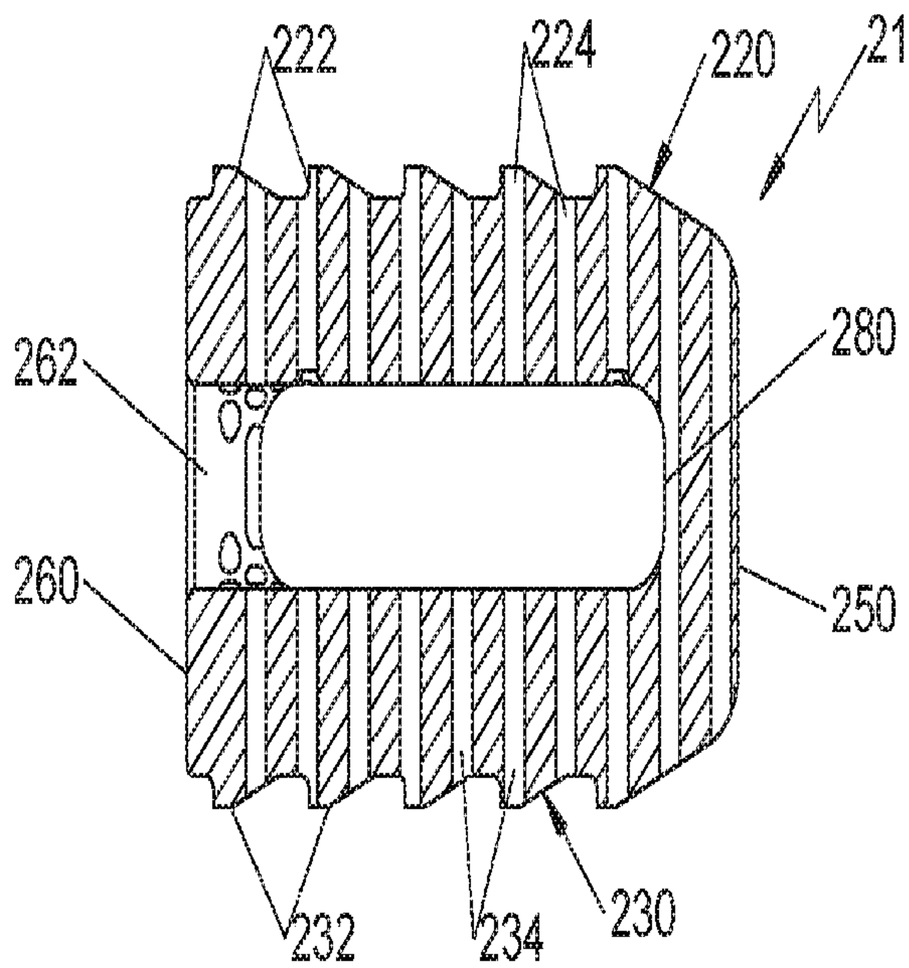

FIG. 15B

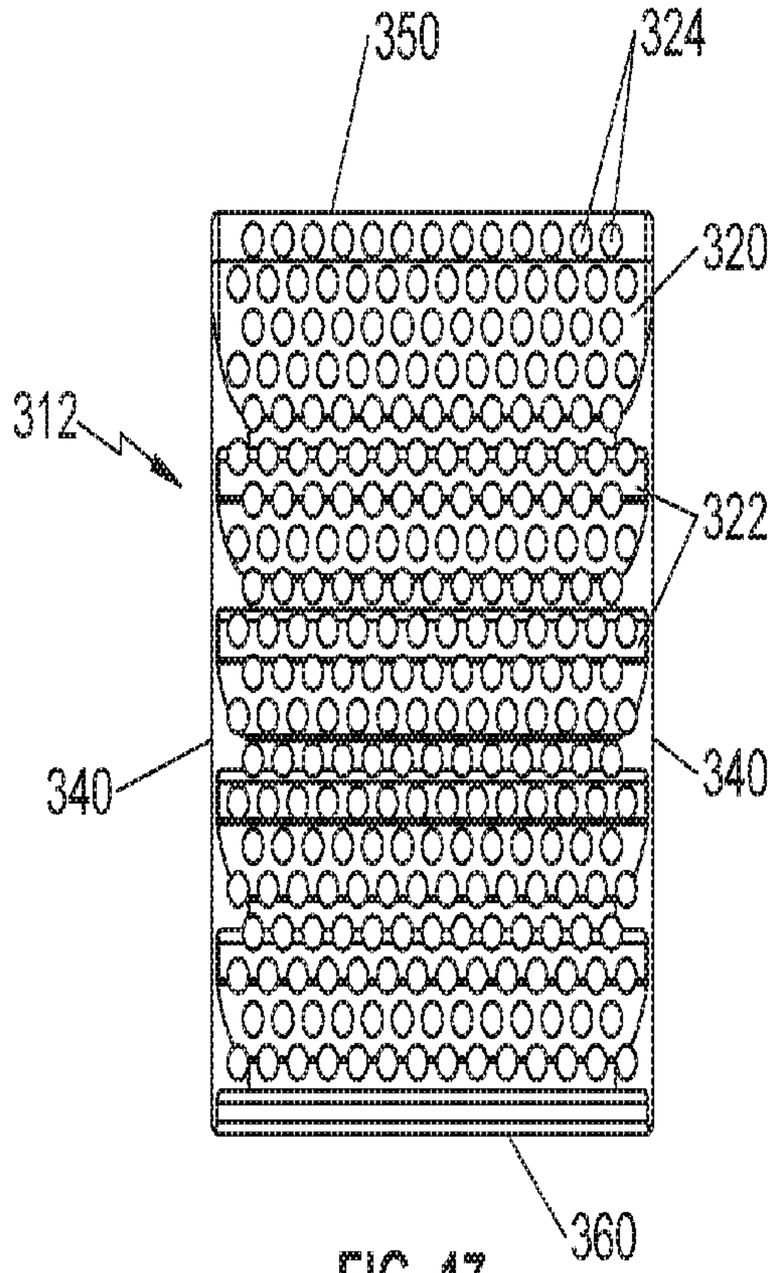

FIG. 17

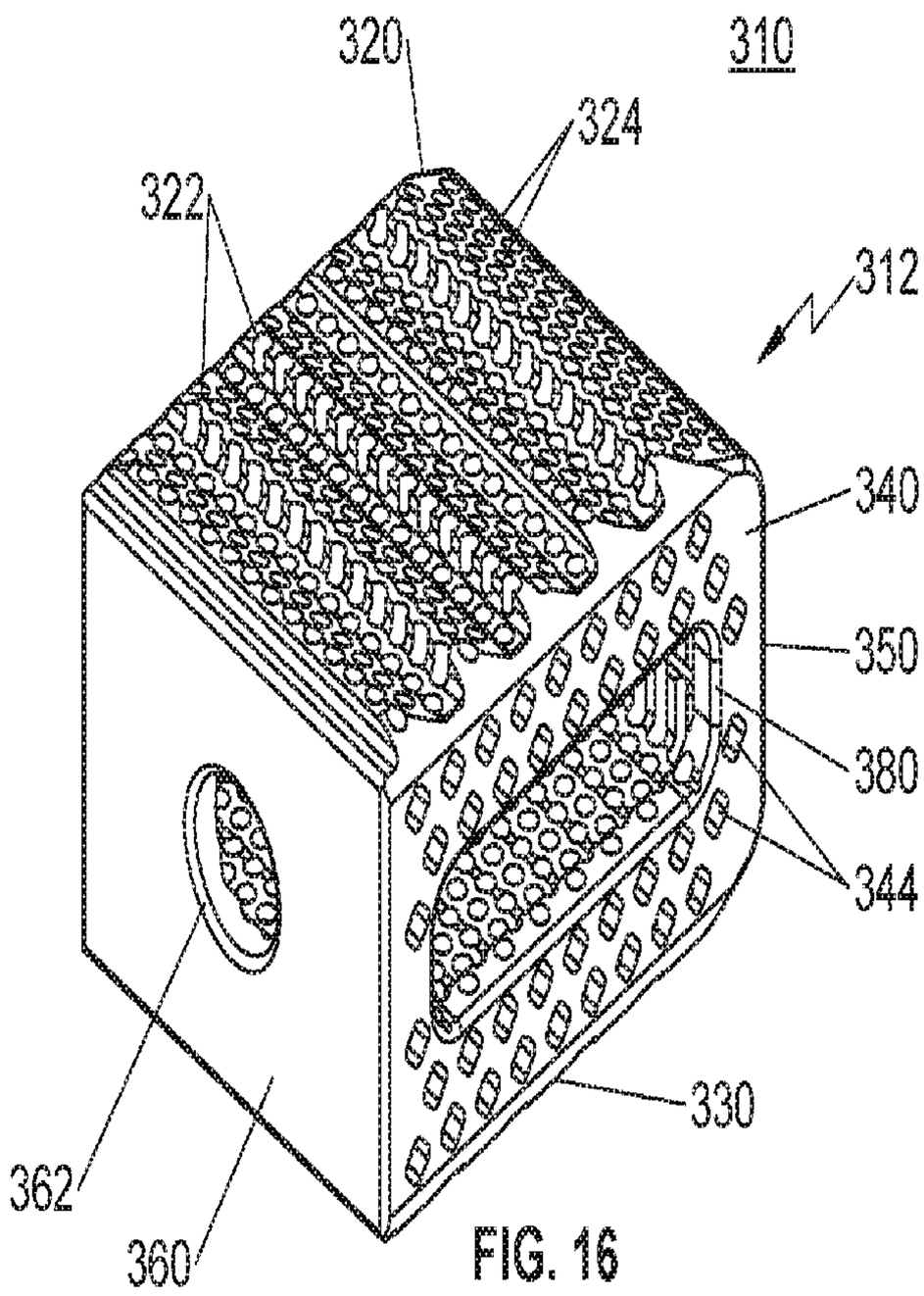

FIG. 16

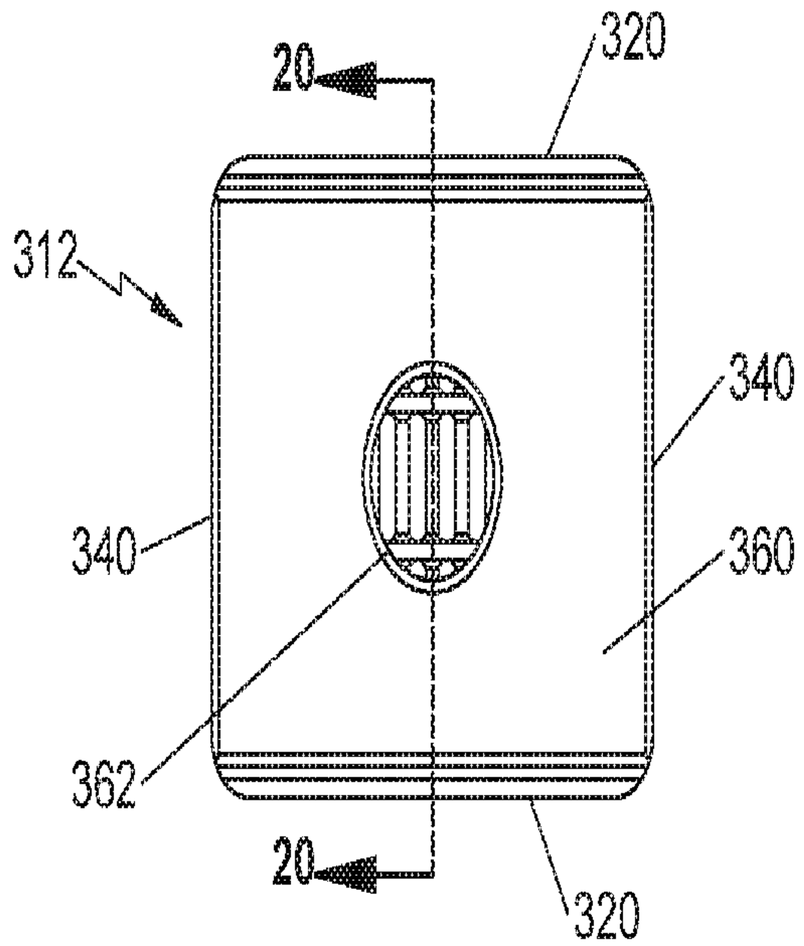

FIG. 18

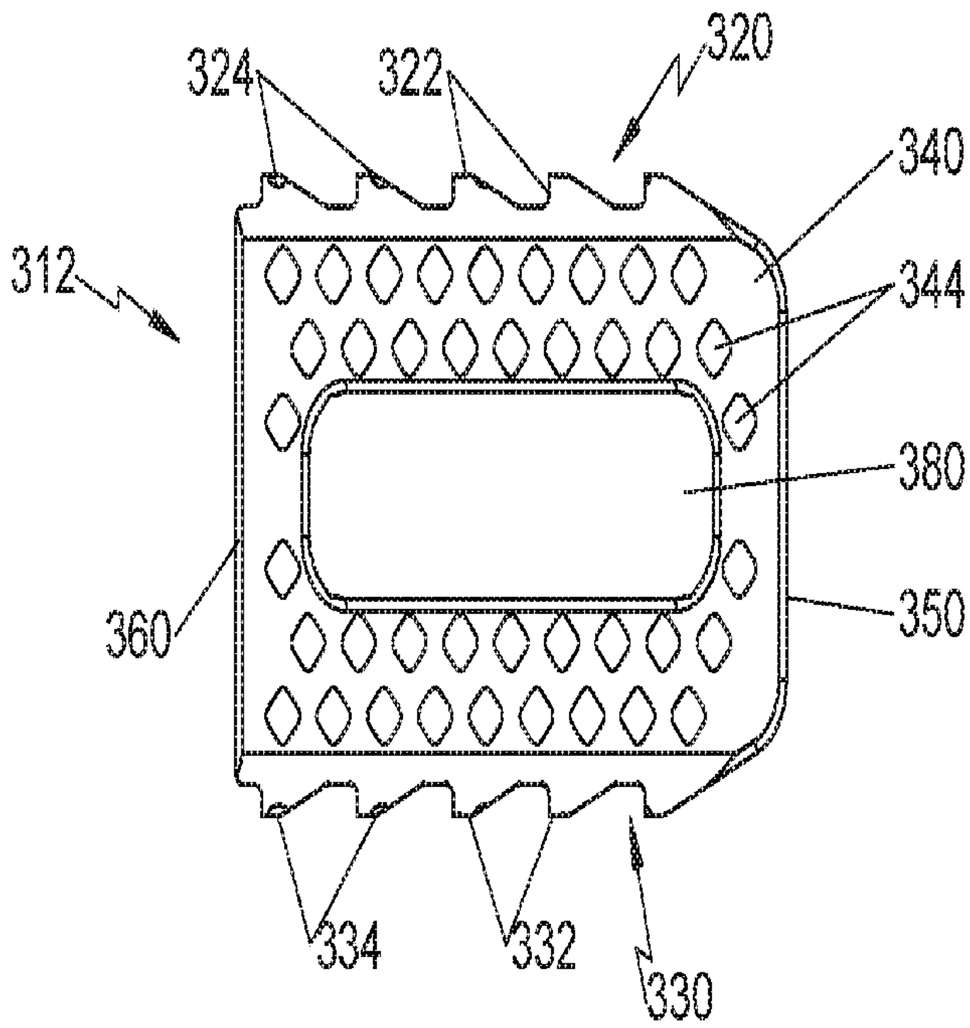

FIG. 19

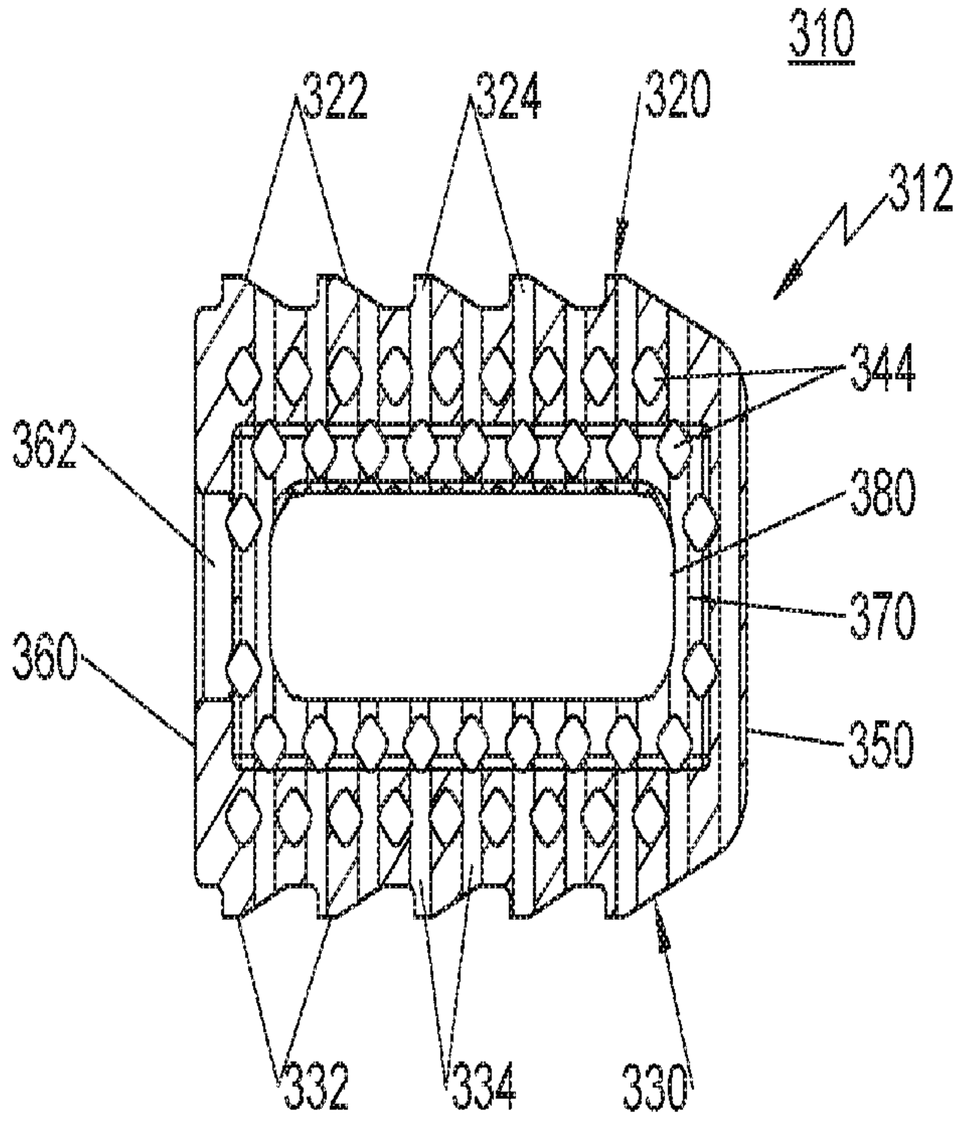

FIG. 20A

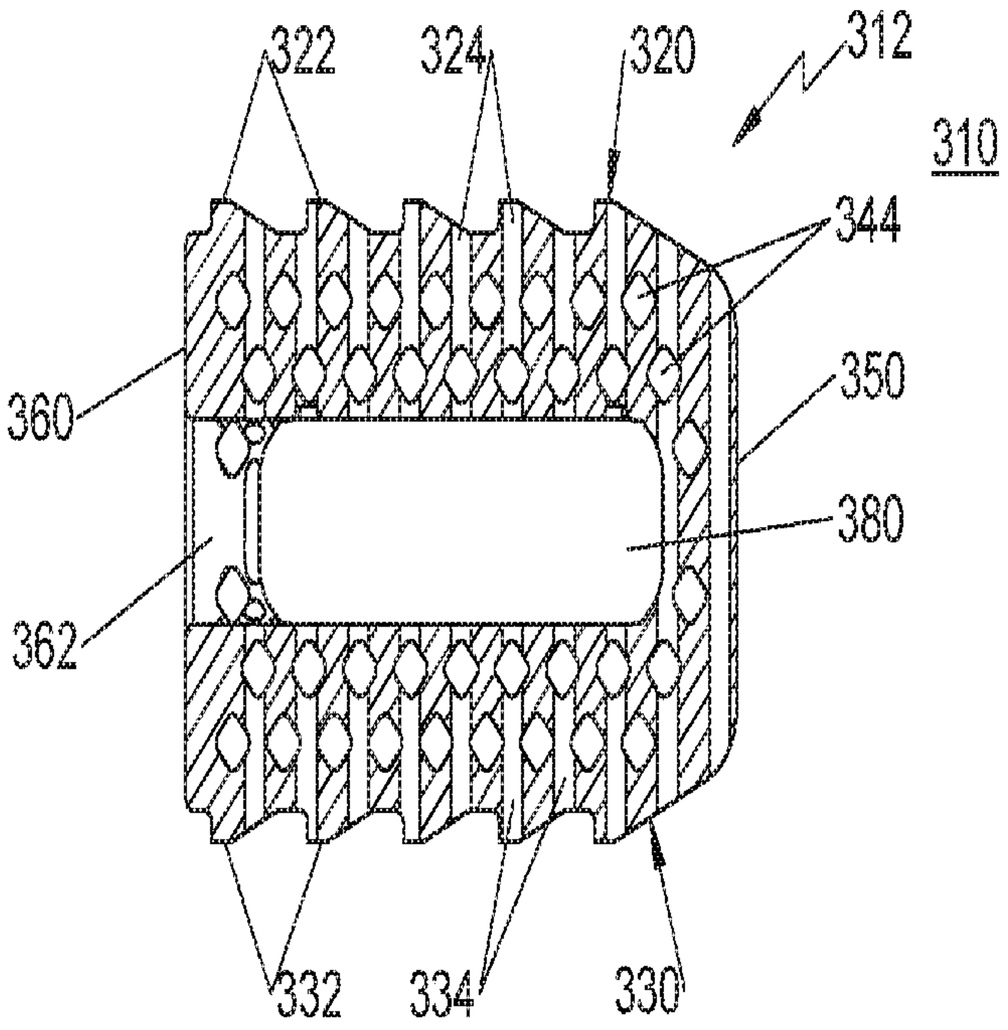

FIG. 20B

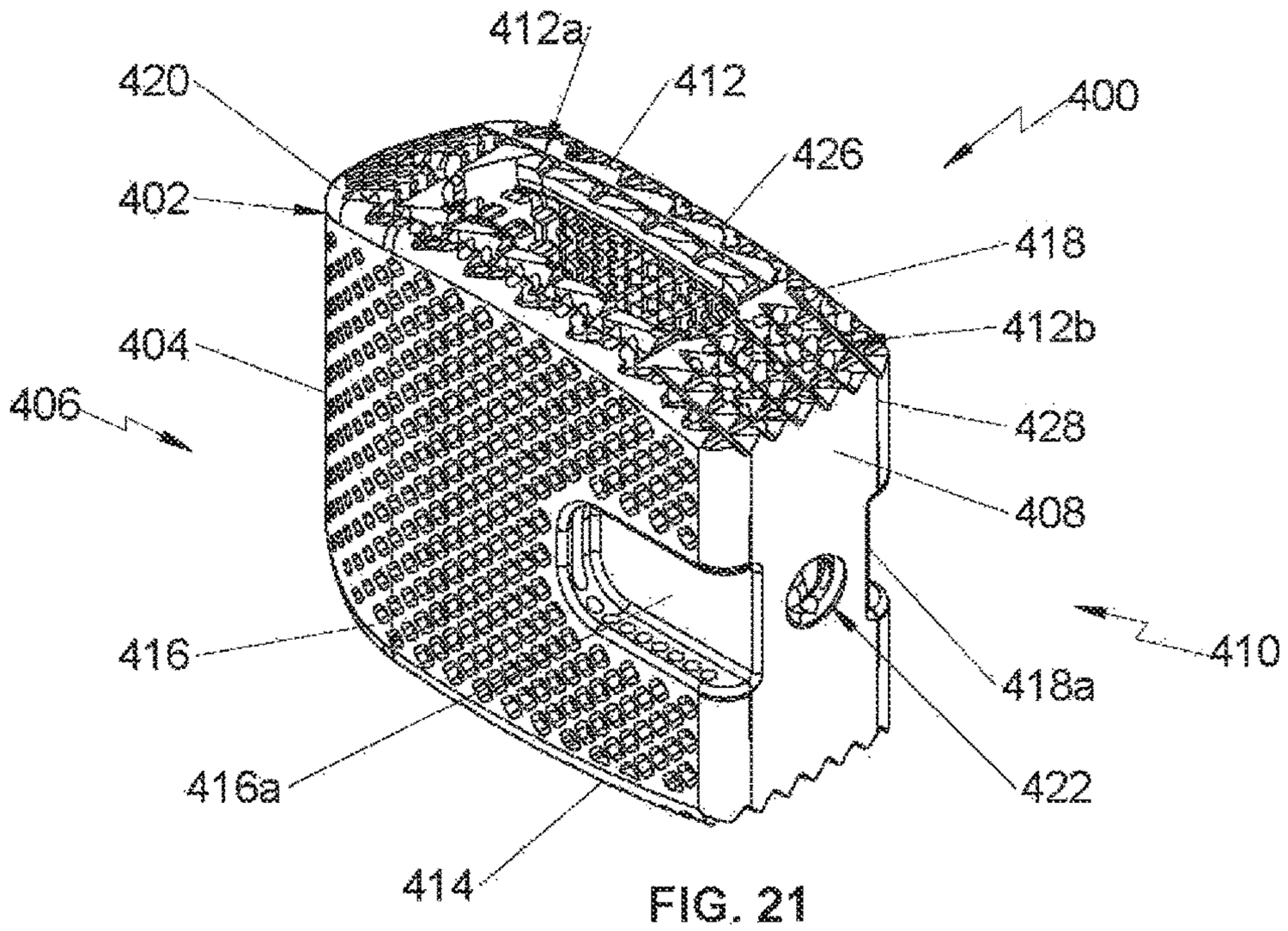

FIG. 21

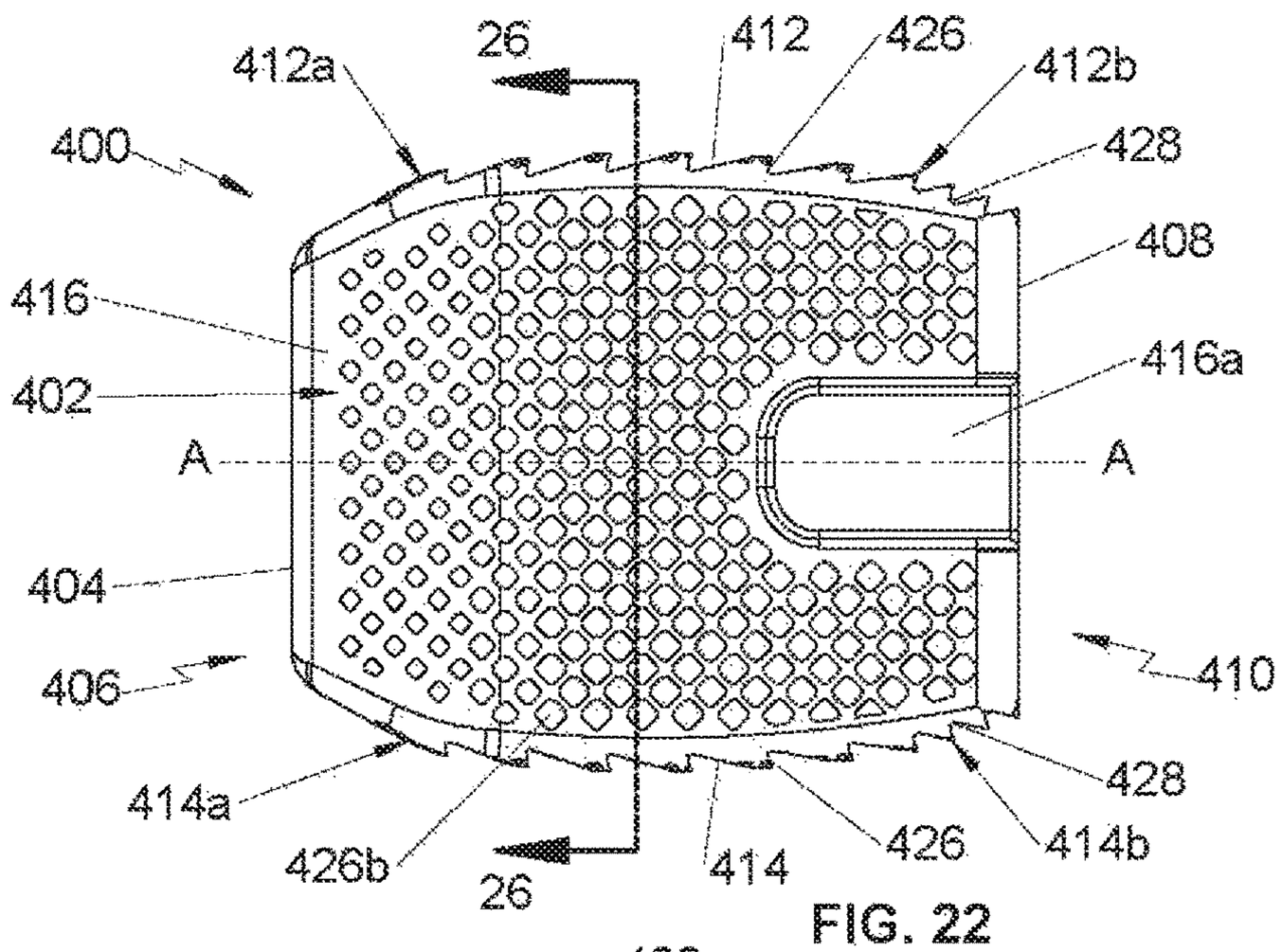

FIG. 22

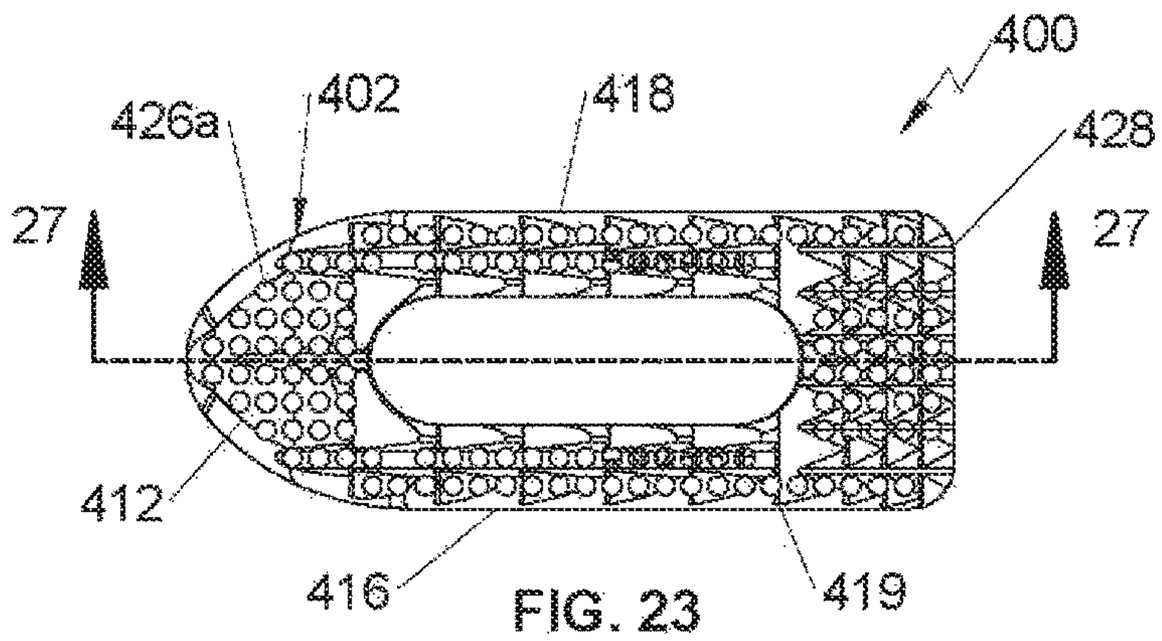

FIG. 23

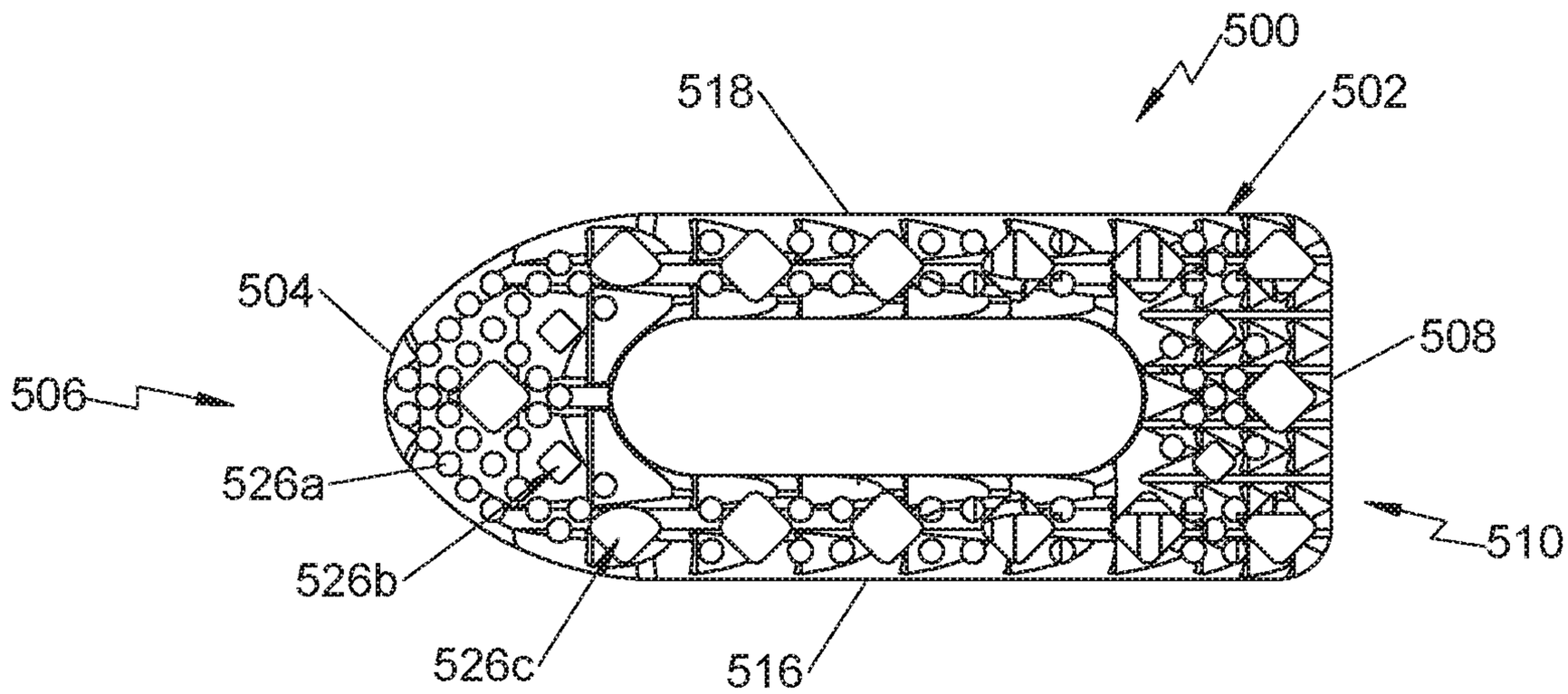
500
518
502
504
506
508
526a
510
526b
526c
516

FIG. 24

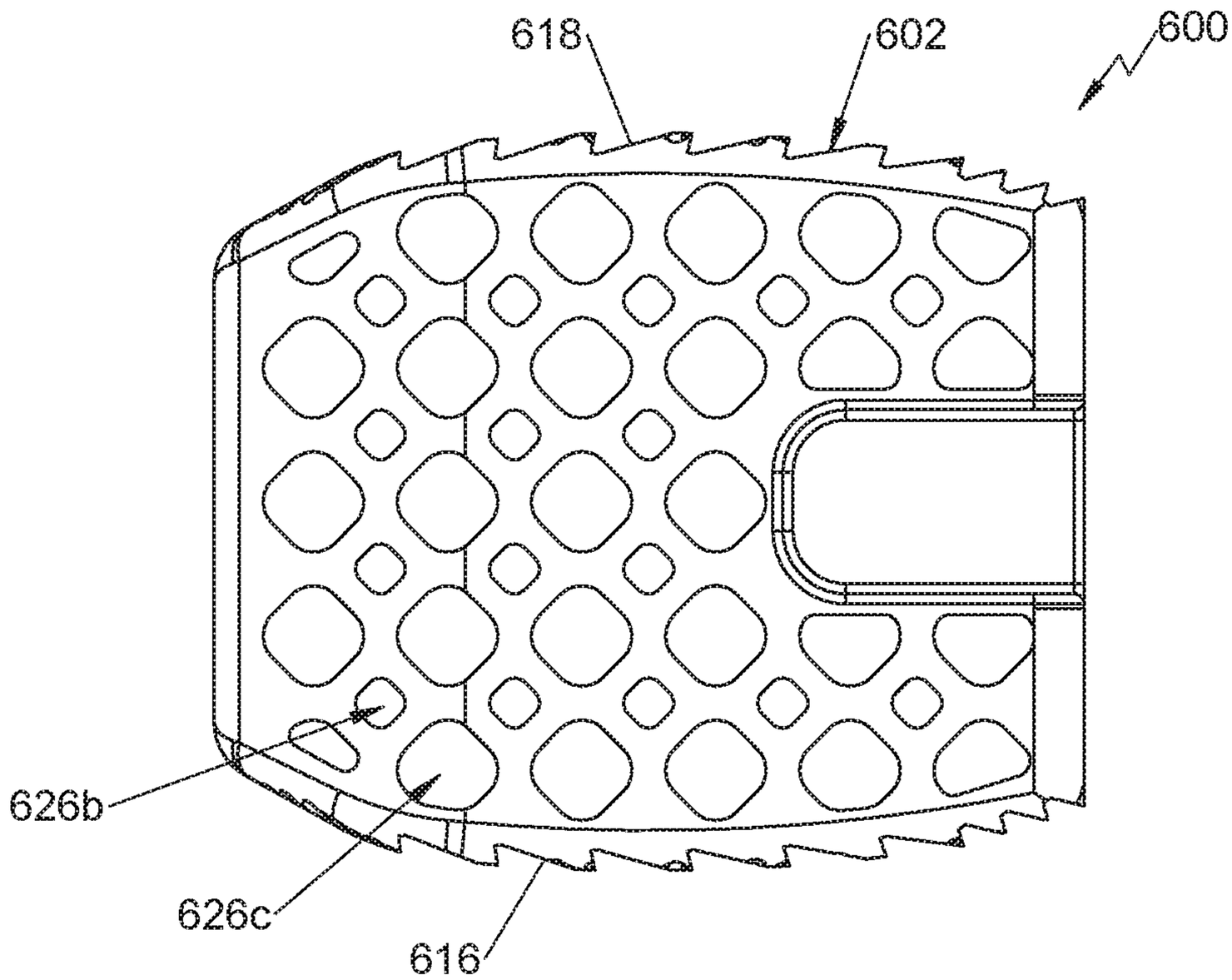
618
602
600
626b
626c
616

FIG. 25

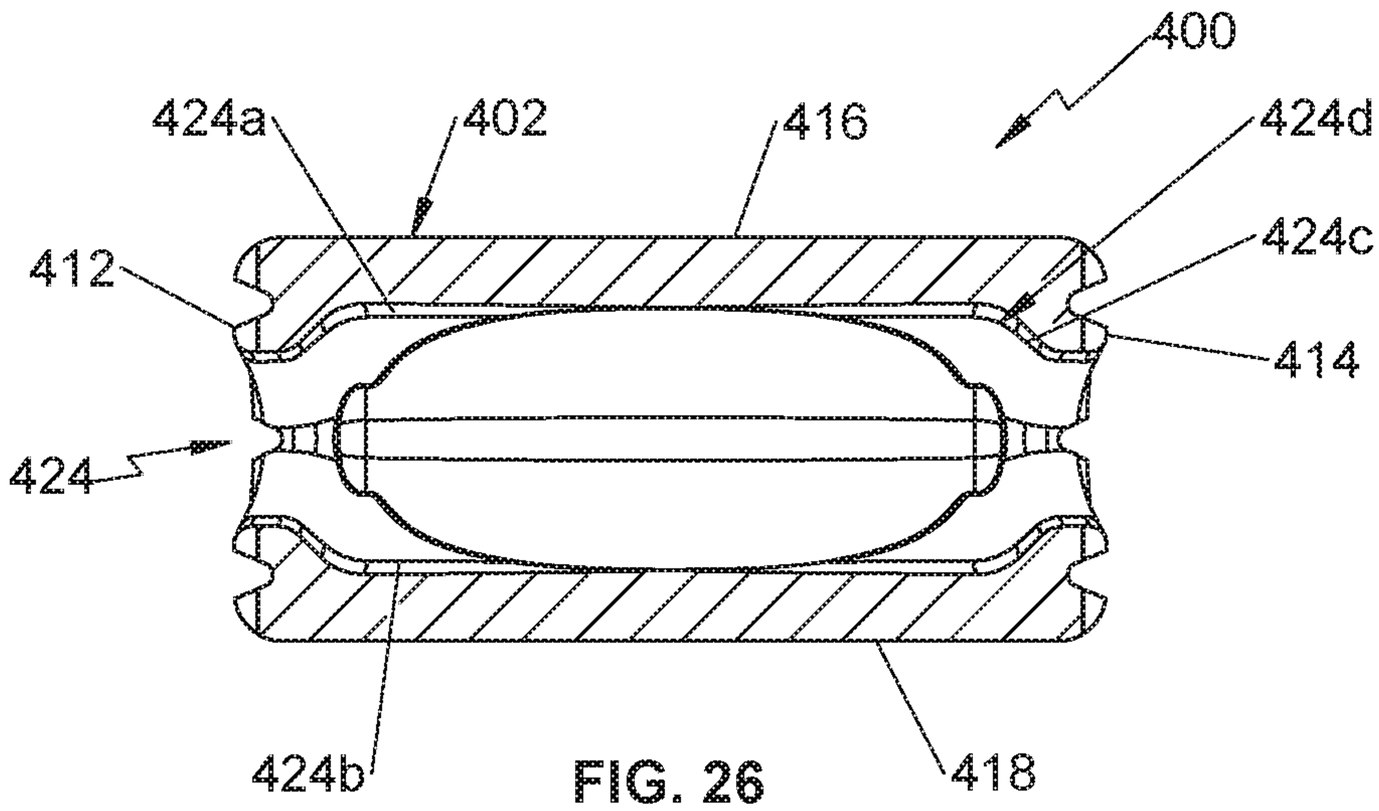
400
424a
402
416
424d
412
424c
414
424
424b
418

FIG. 26

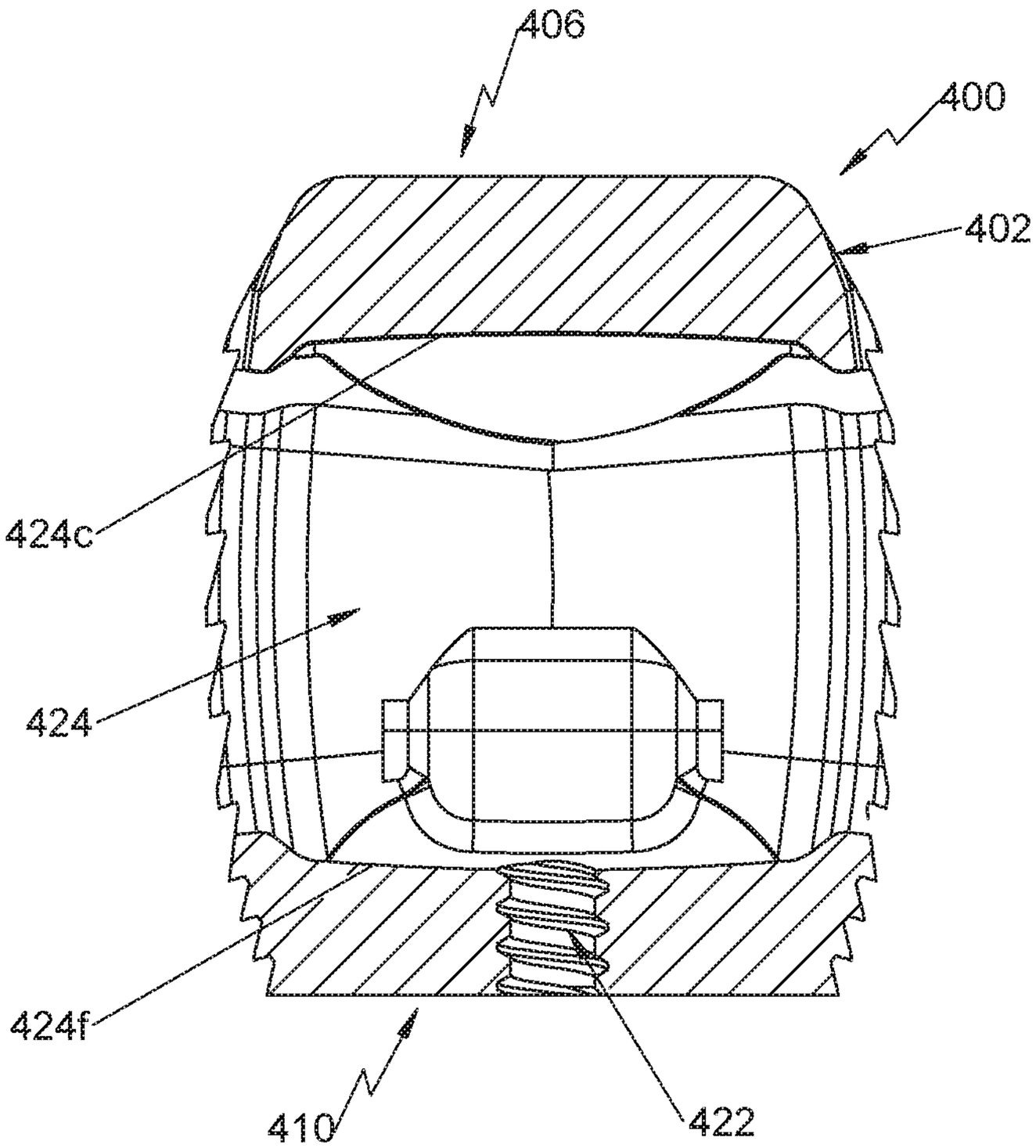
406
400
402
424c
424
424f
410
422

FIG. 27

SPINAL IMPLANT

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a continuation of U.S. application Ser. No. 15/007,678, filed on Jan. 27, 2016, which claims priority to U.S. Provisional Patent Application Ser. No. 62/108,197, filed on Jan. 27, 2015, and U.S. Provisional Application No. 62/196,371, filed on Jul. 24, 2015, the entire contents of each of which are hereby incorporated by reference.

BACKGROUND

1. Technical Field

The present disclosure relates to orthopedic surgical devices, and more particularly, to a spinal implant and a method of use.

2. Discussion of Related Art

The spinal column is a complex system of bones and connective tissues that provide support for the human body and protection for the spinal cord and nerves. The adult spine is comprised of an upper and lower portion. The upper portion contains twenty-four discrete bones, which are subdivided into three areas including seven cervical vertebrae, twelve thoracic vertebrae and five lumbar vertebrae. The lower portion is comprised of the sacral and coccygeal bones. The cylindrical shaped bones, called vertebral bodies, progressively increase in size from the upper portion downwards to the lower portion.

An intervertebral disc along with two posterior facet joints cushion and dampen the various translational and rotational forces exerted upon the spinal column. The intervertebral disc is a spacer located between two vertebral bodies. The facets provide stability to the posterior portion of adjacent vertebrae. The spinal cord is housed in the canal of the vertebral bodies. It is protected posteriorly by the lamina. The lamina is a curved surface with three main protrusions. Two transverse processes extend laterally from the lamina, while the spinous process extends caudally and posteriorly. The vertebral bodies and lamina are connected by a bone bridge called the pedicle.

The spine is a flexible structure capable of a large range of motion. There are various disorders, diseases and types of injury, which restrict the range of motion of the spine or interfere with important elements of the nervous system. The problems include, but are not limited to, scoliosis, kyphosis, excessive lordosis, spondylolisthesis, slipped or ruptured discs, degenerative disc disease, vertebral body fracture, and tumors. Persons suffering from any of the above conditions may experience extreme or debilitating pain and diminished nerve function. These conditions and their treatments can be further complicated if the patient is suffering from osteoporosis, or bone tissue thinning and loss of bone density.

Spinal discs between the endplates of adjacent vertebrae in a spinal column of the human body provide critical support. However, due to injury, degradation, disease or the like, these discs can rupture, degenerate, and/or protrude to such a degree that the intervertebral space between adjacent vertebrae collapses as the disc loses at least a part of its support function. This can cause impingement of the nerve roots and severe pain.

In some cases, surgical correction may be required. Some surgical corrections include the removal of the natural spinal disc from between the adjacent vertebrae. In order to preserve the intervertebral disc space for proper spinal column function, an interbody spacer can be inserted between the adjacent vertebrae.

Typically, a prosthetic implant is inserted between the adjacent vertebrae and may include pathways that permit bone growth between the adjacent vertebrae until they are fused together. However, there exists a possibility that conventional prosthetic implants may not provide a fusion due to various conditions and factors, including the fact that the implant does not allow optimal space for bone ingrowth and the implant does not mimic bone density sufficiently to allow for the creation of bone growth factors. In these cases the body rejects the implant and a non-union (no fusion) occurs. When there is a non-union, the implants may be dislodged or moved from their desired implanted location due to movement by the patient or insufficient bone ingrowth.

Therefore, a need exists for a spinal implant that can mimic the density of bone and allow for optimal bone ingrowth and provide a solid fusion of the vertebral segments. In addition, it is desired that an implant be utilized to prevent expulsion of the interbody device by utilizing a spinal plate.

SUMMARY

According to an embodiment of the present disclosure, a spinal implant includes a body portion defining a longitudinal axis, the body portion including a distal end portion, a proximal end portion, opposed side surfaces that extend between the distal and proximal end portions, and top and bottom surfaces configured and adapted to engage vertebral bodies. The top and bottom surfaces have a surface roughness between about 3-4 μm. The spinal implant includes a cavity extending through the top and bottom surfaces defining a surface area that is at least 25% of a surface area of the top surface or the bottom surface. The spinal implant includes first orifices defined through the top surface and second orifices defined through the bottom surface. The second orifices are connected to the first orifices by a plurality of channels.

In embodiments, one of the first orifices may be offset from one of the second orifices.

In embodiments, the spinal implant may have a first plurality of enlarged orifices is defined through one of the top or bottom surfaces and may have a second plurality of enlarged orifices is defined through the other of the top or bottom surfaces. An enlarged orifice of the second plurality of enlarged orifices may include a diameter that is different than a diameter of an enlarged orifice of the first plurality of enlarged orifices. The enlarged orifice of the first plurality of enlarged orifices or the enlarged orifice of the second plurality of enlarged orifices may include a circular cross-section.

In embodiments, the enlarged orifice of the first plurality of enlarged orifices may include a diamond-shaped cross-section and the enlarged orifice of the second plurality of enlarged orifices may include a diamond-shaped cross-section. Each enlarged orifice of the first and second pluralities of enlarged orifices may include a diamond-shaped cross-section.

In embodiments, the spinal implant may have third orifices that are defined through at least one of the opposed side surfaces. One of the third orifices may include a cross-section different than one of the first orifices or one of the second orifices. Opposed openings of one of the third

orifices may be offset with respect to each other. One of the third orifices may include a diamond-shaped cross-section.

In embodiments, the spinal implant may have a third plurality of enlarged orifices defined through one of the opposed side surfaces. One enlarged orifice of the third plurality of enlarged orifices may include a diamond-shaped cross-section.

In embodiments, the spinal implant may be formed using an additive manufacturing process.

In embodiments, the spinal implant may have a through-bore defined through the spinal implant. An interior dimension of the through-bore may increase in a direction towards each respective opposed side surface. A bevel may be interposed between each opposed side surface and an interior wall defining the through-bore.

In embodiments, the spinal implant is formed from titanium.

In embodiments, one of the first orifices has a cross-sectional configuration different from that of one of the second orifices.

BRIEF DESCRIPTION OF THE DRAWINGS

Various aspects of the present disclosure are described hereinbelow with reference to the drawings, which are incorporated in and constitute a part of this specification, wherein:

FIG. **1** is a perspective view of an embodiment of a spinal implant provided in accordance with the present disclosure;

FIG. **2** is a top view of the spinal implant of FIG. **1**;

FIG. **3** is a rear view of the spinal implant of FIG. **1**;

FIG. **4** is a side view of the spinal implant of FIG. **1**;

FIG. **5**A is a cross-sectional view taken along the section line **5-5** of FIG. **3**;

FIG. **5**B is a cross-sectional view of a different embodiment of a spinal implant similar to the spinal implant of FIG. **3** taken along the section line **5-5** of FIG. **3**;

FIG. **6** is a perspective view of another embodiment of a spinal implant provided in accordance with the present disclosure;

FIG. **7** is a top view of the spinal implant of FIG. **6**;

FIG. **8** is a rear view of the spinal implant of FIG. **6**;

FIG. **9** is a side view of the spinal implant of FIG. **6**;

FIG. **10** is a front view of the spinal implant of FIG. **6**;

FIG. **11** is a perspective view of another embodiment of a spinal implant provided in accordance with the present disclosure;

FIG. **12** is a top view of the spinal implant of FIG. **11**;

FIG. **13** is a rear view of the spinal implant of FIG. **11**;

FIG. **14** is a side view of the spinal implant of FIG. **11**;

FIG. **15**A is a cross-sectional view taken along the section line **15-15** of FIG. **13**;

FIG. **15**B is a cross-sectional view of a different embodiment of a spinal implant similar to the spinal implant of FIG. **13** taken along the section line **15-15** of FIG. **13**;

FIG. **16** is a perspective view of another embodiment of a spinal implant provided in accordance with the present disclosure;

FIG. **17** is a top view of the spinal implant of FIG. **16**;

FIG. **18** is a rear view of the spinal implant of FIG. **16**;

FIG. **19** is a side view of the spinal implant of FIG. **16**;

FIG. **20**A is a cross-sectional view taken along the section line **20-20** of FIG. **18**;

FIG. **20**B is a cross-sectional view of a different embodiment of a spinal implant similar to the spinal implant of FIG. **18** taken along the section line **20-20** of FIG. **18**;

FIG. **21** is a perspective view of yet another embodiment of a spinal implant provided in accordance with the present disclosure;

FIG. **22** is a side view of the spinal implant of FIG. **21**;

FIG. **23** is a top view of the spinal implant of FIG. **21**;

FIG. **24** is a top view of a different embodiment of a spinal implant similar to the spinal implant of FIG. **21**;

FIG. **25** is a side view of a different embodiment of a spinal implant similar to the spinal implant of FIG. **21**;

FIG. **26** is a front, cross-sectional view, of the spinal implant of FIG. **21** taken along section line **26-26** of FIG. **22**; and

FIG. **27** is a bottom, cross-sectional view, of the spinal implant of FIG. **21**, taken along section line **27-27** of FIG. **23**.

DETAILED DESCRIPTION

Embodiments of the present disclosure are now described in detail with reference to the drawings in which like reference numerals designate identical or corresponding elements in each of the several views. As commonly known, the term "clinician" refers to a doctor, a nurse, or any other care provider and may include support personnel. Additionally, the term "proximal" refers to the portion of the device or component thereof that is closer to the clinician and the term "distal" refers to the portion of the device or component thereof that is farther from the clinician. In addition, the term "cephalad" is known to indicate a direction toward a patient's head, whereas the term "caudal" indicates a direction toward the patient's feet. Further still, the term "lateral" is understood to indicate a direction toward a side of the body of the patient, i.e., away from the middle of the body of the patient. The term "posterior" indicates a direction toward the patient's back, and the term "anterior" indicates a direction toward the patient's front. Additionally, terms such as front, rear, upper, lower, top, bottom, and similar directional terms are used simply for convenience of description and are not intended to limit the disclosure. In the following description, well-known functions or constructions are not described in detail to avoid obscuring the present disclosure in unnecessary detail.

Referring now to FIGS. **1-4**, a spinal implant **10** is provided in accordance with the present disclosure and includes a body **12** having a top surface **20**, a bottom surface **30**, side surfaces **40**, a front surface **50**, and a rear surface **60**. The edges between each of the surfaces of the body **12** may include a bevel or a radius that provide a smooth transition between the adjacent surfaces of the body **12**. The top and bottom surfaces **20**, **30** are substantially parallel to one another and each includes engagement features **22**, **32**, respectively, that are configured to permit the spinal implant **10** to move in one direction, e.g., in a direction towards the front surface **20**, and prevent or resist movement of the spinal implant **10** in the opposite direction, e.g., in a direction towards the rear surface **60**. It is contemplated that the top and bottom surfaces **20**, **30** may be disposed at an angle or curved relative to one another, e.g., in a lordotic or a kyphotic relationship to each other, such that the spinal implant **10** is substantially wedge shaped. As shown, the engagement features **22**, **32** are rear facing teeth that are configured to engage endplates of adjacent vertebral bodies. The rear surface **60** defines a substantially circular engagement opening **62** that is engagable by a surgical instrument (not shown) to insert and/or reposition the surgical implant **10** between adjacent vertebral bodies.

The top surface **20**, the bottom surface **30**, and side surfaces **40** have a surface roughness that can promote bone growth and fusion with the spinal implant **10**. The surface roughness may be in a range of about 0.10-50 μm, e.g., in a range of about 3-4 μm. In addition, the top surface **20**, bottom surface **30**, and side surfaces **40** define orifices **24**, **34**, and **44**, respectively, which are sized to promote bone growth into the spinal implant **10**. The orifices **24**, **34**, and **44** are typically circular to mimic bone growth along Haversian canals and lamellar structures of bone. The orifices **24**, **34**, and **44** may pass entirely through the body **12** of the spinal implant **10** extending orthogonal to the respective surface of the spinal implant **10**. Each of the orifices **24** that pass through the top surface **20** may be aligned with a respective one of the orifices **34** that pass through the bottom surface **30**. Each of the orifices **24** and **34** are offset from each of the orifices **44**. The orifices **24**, **34**, and **44**, have a diameter in the range of about 50-1000 μm, e.g., about 300-700 μm. The orifices **24**, **34**, and **44** may have varying sizes and shapes between the different surfaces **20**, **30**, **40** of the spinal implant **10**. It is contemplated that the orifices **24**, **34**, and **44** may vary in size and shape on the same surface **20**, **30**, **40** of the spinal implant **10**. For example, the orifices **24** and **34** are substantially circular in cross-section and the orifices **44** are substantially square in cross-section. The orifices **24**, **34**, **44** may reduce the density and stiffness of the spinal implant **10** and allow space for applying bone putty or the like to the spinal implant **10** to promote bone growth and fusion of the adjacent vertebral bodies to the spinal implant **10**.

In addition, the spinal implant **10** may define connecting features (not explicitly shown) that further reduce the stiffness of the spinal implant **10**. Further, the connecting features may reduce the scatter of the spinal implant **10** during a MRI or CT scan (e.g., when the spinal implant **10** is constructed from titanium). The connecting features also increase the interconnectedness of bone growth through and around the spinal implant **10** which may improve fusion to keep the spinal implant **10** in place and may reduce the chance of breakage of the spinal implant **10**. The connecting features may be defined with a width or diameter in a range of about 150-450 μm, e.g., in a range of about 150-380 μm.

With additional reference to FIG. **5**A, the body **12** is hollow and defines an internal cavity **70**. As shown in FIG. **5**A, each of the top surface **20**, the bottom surface **30**, side surfaces **40** (FIG. **3**), the front surface **50**, and the rear surface **60** are thin-walled to define the cavity **70** therebetween. Each of the top surface **20**, the bottom surface **30**, side surfaces **40** (FIG. **3**), the front surface **50**, and the rear surface **60** may have a thickness in a range of about 0.009 inches to about 0.020 inches. Alternatively, as shown in FIG. **5**B, the body **12** may be substantially solid such that the engagement opening **62** extends into the body **12** towards the front surface **50**. In such an embodiment, the engagement opening **62** is a blind hole and may extend in a range of about one quarter to one half of the length of the body **12**.

Referring now to FIGS. **6-10**, another spinal implant **110** is provided in accordance with the present disclosure. The spinal implant **110** is similar to the spinal implant **10** detailed above with similar structures represented with reference numerals including a "1" preceding the previous reference numeral. Similar features will not be discussed in detail for reasons of brevity. The spinal implant **110** includes a body **112** having a top surface **120**, a bottom surface **130**, side surfaces **140**, a front surface **150**, and a rear surface **160**. The top surface **120**, bottom surface **130**, side surfaces **140**, the front surface **150**, and the rear surface **160** define orifices **124**, **134**, **144**, **154**, and **164**, respectively, which are sized to promote bone growth into the spinal implant **110**. Each of the orifices **154** that pass through the front surface **150** are aligned with a respective one of the orifices **164** that pass through the rear surface **160**. In addition, each of the orifices **154**, **164** are offset from each of the orifices **124**, **134** and each of the orifices **144**.

Referring now to FIGS. **11-14**, another spinal implant **210** is provided in accordance with the present disclosure. The spinal implant **210** is similar to the spinal implant **10** detailed above with similar structures represented with reference numerals including a "2" preceding the previous reference numeral. Similar features will not be discussed in detail for reasons of brevity.

The spinal implant **210** includes a body **212** having a top surface **220**, a bottom surface **230**, side surfaces **240**, a front surface **250**, and a rear surface **260**. The top surface **220** and the bottom surface **230** define orifices **224** and **234**, respectively. The body **212** defines a lateral window **280** that passes through the side surfaces **240**. The lateral window **280** is sized to promote bone growth and fusion with the spinal implant **210**. The lateral window **280** may also reduce the density and stiffness of the body **212** of the spinal implant **210**. The lateral window **280** may be vertically aligned with the engagement opening **262** of the rear surface **260**.

With additional reference to FIG. **15**A, the body **212** is hollow and defines an internal cavity **270**. As shown in FIG. **15**A, each of the top surface **220**, the bottom surface **230**, side surfaces **240** (FIG. **11**), the front surface **250**, and the rear surface **260** are thin-walled to define the cavity **270** therebetween. Alternatively, as shown in FIG. **15**B, the body **212** may be substantially solid such that the engagement opening **262** extends into the body **212** towards the front surface **250**. In such an embodiment, the diameter of the engagement opening **262** may be substantially equal to a height of the lateral window **280**.

Referring now to FIGS. **16-19**, another spinal implant **310** is provided in accordance with the present disclosure. The spinal implant **310** is similar to the spinal implant **10** detailed above with similar structures represented with reference numerals including a "3" preceding the previous reference numeral. Similar features will not be discussed in detail for reasons of brevity.

The spinal implant **310** includes a body **312** having a top surface **320**, a bottom surface **330**, side surfaces **340**, a front surface **350**, and a rear surface **360**. The top surface **320**, side surfaces **340**, and the bottom surface **330** define orifices **324**, **334**, and **344**, respectively. The spinal implant **310** defines a lateral window **380** that passes through the side surfaces **340** which is similar to the lateral window **280** of the body **212** of the spinal implant **210** detailed above.

With additional reference to FIG. **20**A, the body **312** is hollow and defines an internal cavity **370**. As shown in FIG. **20**A, each of the top surface **320**, the bottom surface **330**, side surfaces **340** (FIG. **16**), the front surface **350**, and the rear surface **360** are thin-walled to define the cavity **370** therebetween. Alternatively, as shown in FIG. **20**B, the body **312** may be substantially solid such that the engagement opening **362** extends into the body **312** towards the front surface **350**. In such an embodiment, the diameter of the engagement opening **362** may be substantially equal to a height of the lateral window **380**.

Referring to FIGS. **21-23**, yet another embodiment of a spinal implant provided in accordance with the present disclosure is illustrated and generally identified by reference numeral **400**. Spinal implant **400** includes a body **402** having

a substantially contoured first end surface **404** at a distal or leading end **406** and a second end surface **408** opposite thereto at a proximal or trailing end **410**, having a substantially planar configuration. Axis A-A is defined through a midpoint of first and second end surfaces **404**, **408**, respectively. Body portion **402** extends between first and second end surfaces **404**, **408** to define respective top and bottom surfaces **412** and **414** (FIG. **22**), respectively, as well as opposed side surfaces **416**, **418** (FIG. **23**). As best illustrated in FIG. **22**, top and bottom surfaces **412**, **414** include a generally convex or arcuate profile, each extending in a cephalad and caudal direction, respectively. Although shown and discussed as the top surface **412** being oriented in a cephalad direction and the bottom surface **414** being oriented in a caudal direction, the implant **400** may be positioned such that the top surface **412** in a caudal orientation and the bottom surface **414** is in a cephalad orientation. As can be appreciated, top and bottom surfaces **412**, **414** may include a concave profile, a planar profile, or any combination thereof. In embodiments, top surface **412** may include a different profile than that of bottom surface **414**. Additionally, it is contemplated that top and bottom surfaces **412**, **414** may approximate towards each other in a distal direction along axis A-A (or vice versa), or may approximate towards each other in a direction from side surface **416** towards side surface **418** (or vice versa), or any combination thereof.

As best illustrated in FIG. **23**, opposed side surfaces **416**, **418** are substantially planar, although other configurations are also contemplated such as convex, concave, or the like. Opposed side surfaces **416**, **418** approximate towards each other at distal end **406** along longitudinal axis A-A in order to facilitate insertion within the intervertebral space and enhance the atraumatic character of body portion **402**. In this manner, the intersection of top and bottom surfaces **412**, **414** with each of first and second end surfaces **404**, **408** and opposed side surfaces **416**, **418** may include a fillet or rounded configuration **420** to inhibit sharp edges from causing trauma to the surrounding tissue and/or vertebral bodies.

Referring again to FIG. **21**, second end surface **408** includes an aperture **422** defined therethrough and extending along longitudinal axis A-A. Aperture **422** is configured for selective engagement with a suitable insertion tool (not shown), such as that described in U.S. Patent Application Serial No. 2012/0158062, filed Oct. 11, 2011, the entire contents of which are hereby incorporated by reference herein. In embodiments, aperture **422** may be threaded or otherwise include various features capable of selectively retaining a suitable insertion tool therein, such as a keyhole configuration, quarter turn configuration, or the like.

Each of opposed side surfaces **416**, **418** include a corresponding depression or recess **416***a*, **418***a* defined therein adjacent second end surface **408**. Recesses **416***a*, **418***a* extend along longitudinal axis A-A and are symmetrically disposed on each of opposed side surfaces **416**, **418** to define a substantially I-shaped configuration to second end surface **408** at proximal end **410**. In cooperation with aperture **422**, the recesses **416***a*, **418***a* are further configured to enable engagement with stabilizing jaws of a suitable insertion instrument to facilitate the insertion of spinal implant **400**.

Body **402** includes a through-bore or cavity **424** defined through top and bottom surfaces **412**, **414**, respectively. Although shown as having a generally oval configuration, it is contemplated that through-bore **424** may include any suitable shape, such as square, rectangular, circular, or the like, or may include a configuration similar to that of the outer perimeter of body **402**. It is contemplated that through-bore **424** may receive allograft material, autograft material, calcium phosphate/bone marrow aspirate (BMA), autogenous material, synthetic materials comprised of a biocompatible, osteoconductive, osteoinductive, or osteogeneic material such as VITOSS® Synthetic Cancellous Bone Void Filler material, or any other suitable biological material known in the art. Through-bore **424** includes a cross-sectional area or surface area that is greater than any orifice of the plurality of orifices or enlarged orifices detailed hereinbelow. In embodiments, through-bore **424** includes a surface area that is equal to or greater than 25% of the surface area of top surface **412** or bottom surface **414**.

Top and bottom surfaces **412**, **414** of body portion **402** are configured to engage respective endplates of adjacent vertebral bodies. In this manner, each of top and bottom surfaces **412**, **414** include at least first and second surface regions **412***a*, **412***b* and **414***a*, **414***b*, respectively, which have distinct surface characteristics. As best illustrated in FIG. **22**, first surface regions **412***a*, **414***a* are disposed distal to second surface regions **412***b*, **414***b* and include a surface characteristic that is different than that of second surfaces **412***b*, **414***b*. In embodiments, first surface regions **412***a*, **414***a* may include a same or similar surface characteristic to that of second surface regions **412***b*, **414***b*, or each of first and second surface regions **412***a*, **414***a* and **412***b*, **414***b* may include the same or different surface characteristics, or any combination thereof.

First surface regions **412***a*, **414***a* have a plurality of protrusions (i.e., teeth) or ridges **426** disposed thereon to aid in securing spinal implant **400** to each respective adjacent vertebral body and stability against fore and aft, oblique or side to side movement of spinal implant **400** within the intervertebral space. Specifically, ridges **426** frictionally engage endplates of adjacent vertebral bodies and inhibit movement of the spinal implant **400** with respect to the adjacent vertebral bodies. In embodiments, a longitudinal groove **419** (FIG. **23**) may be defined between adjacent rows of protrusions **426**, each of which extends along axis A-A. Each of second surface regions **412***b*, **414***b* includes substantially pyramidal protrusions **428**, where each pyramidal protrusion **428** includes a plurality of protrusions or ridges disposed thereon to similarly aid in securing spinal implant **400** to each respective adjacent vertebral body. In particular, each pyramidal protrusion **428** includes opposed first and second faces that face, respectively, distally and proximally. Further, each pyramidal protrusion **428** has third and fourth faces that face, respectively, medially and laterally. For a detailed description of spinal implant having exemplary surface characteristics, reference can be made to U.S. Pat. No. 8,801,791 to Soo et al., the entire contents of which are hereby incorporated by reference herein.

Spinal implant **400** is constructed of a biocompatible material, such as commercially pure titanium or titanium alloy and includes a porosity capable of promoting bone ingrowth and fusion with spinal implant **400**. In this manner, top and bottom surfaces **412**, **414** and opposed side surfaces **416**, **418** have a surface roughness that can promote bone growth and fusion with spinal implant **400**. The surface roughness may be in a range of about 0.10-50 μm, and preferably in a range of about 3-4 μm. As can be appreciated, top and bottom surfaces **412**, **414** and opposed side surfaces **416**, **418** may include the same or different surface roughness's (i.e., the surface roughness of top surface **416** may be different than the surface roughness of bottom surface **414**), or top and bottom surfaces **412**, **414** and opposed side surfaces **416**, **418** may not include a surface roughness;

rather, top and bottom surfaces **412**, **414** and opposed side surfaces **416**, **418** may be smooth. In embodiments top and bottom surfaces **412**, **414** and opposed side surfaces **416**, **418** may include any combination of surface roughness or smooth surface. Additionally, body **402** includes a plurality of orifices **426***a* and **426***b* defined through top and bottom surfaces **412**, **414** and opposed side surfaces **416**, **418**, respectively, configured to promote bone ingrowth. Orifices **426***a*, **426***b* include a generally circular and diamond shaped cross-section, respectively, although other suitable cross-sections capable of promoting bone ingrowth are contemplated, such as oval, square, hexagonal, rectangular, or the like. The circular and diamond shaped-cross sections of orifices **426***a*, **426***b*, respectively, mimic bone growth along Haversian canals and lamellar structures of bone. In this manner, orifices **426***a*, **426***b* may pass entirely through top surface and bottom surfaces **412**, **414** and opposed surfaces **416**, **418**, respectively. Alternatively, orifices **426***a* may be offset in relation to one another, and similarly with orifices **426***b*. In the interest of brevity, only orifices **426***a* will be described in detail herein below with respect to the offset nature of orifices **426***a* and **426***b*. An orifice **426***a* defined through bottom surface **414** will be offset from a corresponding orifice **426***a* defined through top surface **412**. In embodiments, orifices **426***a* may be defined through top and bottom surfaces **412**, **414** normal thereto or at angles relative thereto. In one non-limiting embodiment, orifices **426***a* are defined through top and bottom surfaces **412**, **414** at angles incident relative to each other, thereby forming a chevron configuration. As can be appreciated, each of the orifices **426***a* and **426***b* formed through top and bottom surfaces **412**, **414** and opposed side surfaces **416**,**418**, respectively, form a respective channel therebetween, thereby interconnecting an orifice formed through top surface **416** and an orifice formed through bottom surface **414**, or an orifice formed through side surface **416** and an orifice formed through side surface **418**. It is contemplated that the density of orifices **426***a* may be different on top surface **412** than on bottom surface **414**, or may increase or decrease in density at various locations on each of top and bottom surfaces **412**, **414**. Orifices **426***a* include a diameter in a range of about 50-1000 μm, although a diameter between 300-700 μm is preferable. As can be appreciated, for shapes other than circular, orifices **426***a* include a cross-sectional area in a range of about 0.0019 μm^2-0.785 μm^2, although a cross-sectional area between 0.0707 μm^2-0.385 μm^2 is preferable. As can be appreciated, the plurality of orifices **426***a* may include orifices **426***a* having varying sizes and shapes relative to each other. In embodiments, the orifices **426***a* defined through top surface **412** may include a different cross-section than those orifices **426***a* defined through bottom surface **414** (i.e., circular on top surface **412** while square on bottom surface **414**, or vice versa). The plurality of orifices **426***a* reduce the density and stiffness of spinal implant **400** to enable the application of bone putty or the like (e.g., Bone Morphogenetic Proteins (BMP), etc.) to spinal implant **400** to promote bone ingrowth within spinal implant **400** and fusion to adjacent vertebral bodies. Bone ingrowth and fusion strengthens spinal implant **400**. In this manner, the likelihood that micromotion would occur would likewise be reduced.

Referring to FIG. **24**, another embodiment of a spinal implant provided in accordance with the present disclosure is illustrated and generally identified by reference numeral **500**. Spinal implant **500** is substantially similar to spinal implant **400**, and therefore, only the differences therebetween will be described in detail in the interest of brevity. Body **502** includes a first plurality of enlarged orifices **526***c* defined through top and bottom surfaces **512**, **514**. The first plurality of enlarged orifices **526***c* is arranged around the perimeter of body **502**. In one non-limiting embodiment, the first plurality of enlarged orifices **526***c* are disposed approximately equidistant between opposed side surfaces **516**, **518**, through-bore **524**, and first and second end surfaces **504**, **508**. A second plurality of enlarged orifices **526***d* is defined through top and bottom surfaces **512**, **514** on each of the leading and trailing ends **508**, **510**, and includes a smaller diameter than that of the first plurality of enlarged orifices **526***c*. In this manner, the second plurality of enlarged orifices **526***d* is interposed between the first plurality of enlarged orifices **526***c* disposed on the leading and trailing ends **508**, **510** and through-bore **524**. Although illustrated as having a generally diamond shaped cross-section, it is contemplated that the first and second plurality of enlarged orifices **526***c*, **526***d* may include any suitable cross-section, such as circular, oval, square, hexagonal, rectangular, or the like. As can be appreciated, the first and second plurality of enlarged orifices **526***c*, **526***d* may be defined through top and bottom surfaces **512**, **514** in any manner similar as described above with respect to spinal implant **400**.

A plurality of orifices **526***a* is defined through top and bottom surfaces **512**, **514**, similarly to that described above with respect to spinal implant **400**; however, the plurality of orifices **526***a* is interposed between each of the first and second plurality of enlarged orifices **526***c*, **526***d*.

Turning now to FIG. **25**, still another embodiment of a spinal implant provided in accordance with the present disclosure is illustrated and generally identified by reference numeral **600**. Spinal implant **600** is substantially similar to spinal implant **400**, and therefore, only the differences therebetween will be described in detail in the interest of brevity. Body **602** includes a plurality of enlarged orifices **626***c* defined through opposed side surfaces **616**, **618**. In this manner, the plurality of enlarged orifices **626***c* is interposed between each orifice **626***b* defined through opposed side surfaces **616**, **618** such that the orifices of the plurality of enlarged orifices **626***c* and orifices **626***b* are arranged in an alternating pattern. Although illustrated as having a generally diamond shaped cross-section, it is contemplated that the plurality of enlarged orifices **626***c* may include any suitable cross-section, such as circular, oval, square, hexagonal, rectangular, or the like.

As can be appreciated, the features of spinal implants **500** and **600** may be combined, such that spinal implant **500** may further include the plurality of enlarged orifices **626***c* defined through opposed side surfaces **516**, **518**, or spinal implant **600** may include the first and second pluralities of enlarged orifices **526***c*, **526***d* defined through top and bottom surfaces **612**, **614**.

With reference to FIGS. **26** and **27**, front and bottom cross-sectional views of spinal implant **400** are illustrated. The interior dimensions of through-bore **424** increase in a direction towards opposed side walls **416**, **418**. In this manner, through-bore **424** is configured to receive a greater amount of biological material than is possible with a through-bore having planar side walls. Through-bore **424** includes a pair of opposed interior surfaces **424***a* and **424***b* adjacent opposed side surfaces **416**, **418**. Although generally illustrated as defining a planar configuration, it is contemplated that opposed interior surfaces **424***a*, **424***b* may include any suitable configuration, such as convex, concave, may approximate each other in a cephalad or caudal direction, or approximate each other in a distal or proximal direction, or any combination thereof. As best illustrated in FIG. **26**, through-bore **424** includes a bevel or undercut **424***c*

extending in an interior direction from each of opposed side surfaces **416**, **418** and towards a respective opposed interior surface **424***a*, **424***b*. The undercut **424***c* aids in retaining the bone growth material therein, reducing the possibility that the bone growth material may become separated or dislodged from spinal implant **400**. Further still, providing spinal implant **400** with an undercut **424***c* allows implant **400** to house a larger volume of bone growth material or other biologics as compare to a spinal implant lacking an undercut. Although illustrated as including a fillet **424***d* joining undercut **424***c* and opposed interior surfaces **424***a*, **424***b*, it is contemplated that the intersection of undercut **424***c* and a respective opposed interior surface **424***a*, **424***b* may include any suitable joining feature, such as a sharp corner, bevel, or the like.

As best illustrated in FIG. **27**, through-bore **424** includes generally planar end surfaces **424***e* and **424***f* at leading and trailing ends **406**, **410**, respectively. As can be appreciated, each of planar end surfaces **424***e*, **424***f* may include any suitable profile, such as concave, convex, may approximate one another in a cephalad direction, may approximate one another in a caudal direction, may approximate one another in a distal direction, a proximal direction, or any combination thereof.

As can be appreciated, manufacturing spinal implants **10**, **110**, **210**, **310**, **400**, **500**, and **600** using standard machining methods (e.g., lathe, mill, EDM, etc.) would be difficult. In view of this, it is contemplated that spinal implants **10**, **110**, **210**, **310**, **400**, **500**, and **600** may be manufactured by means of additive manufacturing methods (e.g., SDM, SLPP, DMLS (i.e., EOS), SLS, SLM, SHS, EBM, VAT photopolymerisation, material jetting, binder jetting, or the like). As each of spinal implants **10**, **110**, **210**, **310**, **400**, **500**, and **600** may be constructed in a similar fashion, only the method of constructing spinal implant **400** utilizing additive manufacturing methods will be described herein in the interest of brevity. In one non-limiting embodiment, spinal implant **400** may be manufactured using Selective Laser Powder Processing (SLPP). SLPP utilizes powdered metal and a laser which sinters or cures the metal in a selective fashion according to the design intent in thin layers. In embodiments, the layers may have a thickness of about 250 μm. Spinal implant **400** is built layer by layer to allow for more design options and features which would be difficult to be machined using conventional methods. Specifically, a first layer of powder is applied to a specialized build plate, at which point the laser cures portions of the powder according to the design intent. At this point, a second layer is applied to the build plate and the laser is again used to cure selective portions of this second layer. This process is repeated until spinal implant **400** is fully formed. Once spinal implant **400** is fully formed, uncured powder is removed using compressed air or other similar means. Next, post machining is performed on spinal implant **400** to remove any burrs or similar imperfections embedded within spinal implant **400** during the additive manufacturing process. In embodiments, the burrs are removed by means of buffer wheels, clippers, files, or the like. Once de-burred, spinal implant **400** is heat treated, and thereafter, media blasted using aluminum oxide. Thereafter, spinal implant **400** is immersed in a hydrofluoric bath to strip the aluminum oxide therefrom. Finally, spinal implant **400** is inspected by quality control personnel (or using automated means), cleaned via ultrasonic cleaning, dried, and packaged. Additionally, using SLPP, it is contemplated that spinal implant **400** may be customized for a designated patient. For a detailed description of exemplary manufacturing methods, reference can be made to U.S. Pat. No. 8,590,157, issued on Nov. 6, 2013 to Kruth et al., the entire contents of which are hereby incorporated by reference herein.

Each of spinal implants **10**, **110**, **210**, **310**, **400**, **500**, and **600** may be constructed from titanium, a titanium-alloy, a cobalt-chromium alloy, a ceramic, Polyetheretherketone, or any other suitable biocompatible material. It is also contemplated that spinal implants **10**, **110**, **210**, **310**, **400**, **500**, and **600** may be manufactured using a three-dimensional printer utilizing a biocompatible polymer.

It is envisioned that the manufacturing processes and orifice designs detailed above may be utilized to form various other medical devices known in the art. In this manner, the additive manufacturing process detailed above may be employed to form corpectomy devices, fixed spinal implants, expandable spinal implants, bone screws, cervical implants, and the like. Similarly, the orifice designs detailed above may be formed in any of the beforementioned medical devices that would benefit from an increased ability to fuse with bone. Examples of such devices may be found in the following commonly owned references: U.S. Pat. No. 8,585,761 to Theofilos, U.S. Pat. No. 8,673,011 to Theofilos et al., U.S. application Ser. No. 14/936,911 to Sutterlin et al., U.S. Pat. No. 8,801,791 to Soo et al., U.S. Pat. No. 8,439,977 to Kostuik et al., U.S. Patent Application Publication No. 2010/0100131 to Wallenstein, U.S. Patent Application Publication No. 2012/0179261 to Soo, U.S. Pat. No. 8,449,585 to Wallenstein et al., U.S. Pat. No. 8,814,919 to Barrus et al., U.S. Pat. No. 5,733,286 to Errico et al., and U.S. Patent Application Publication No. 2013/0046345 to Jones et al.

While several embodiments of the disclosure have been shown in the drawings, it is not intended that the disclosure be limited thereto, as it is intended that the disclosure be as broad in scope as the art will allow and that the specification be read likewise. Any combination of the above embodiments is also envisioned and is within the scope of the appended claims. Therefore, the above description should not be construed as limiting, but merely as exemplifications of particular embodiments. Those skilled in the art will envision other modifications within the scope of the claims appended hereto.

The invention claimed is:

1. A spinal implant comprising:

a body portion defining a longitudinal axis, the body portion including a distal end portion, a proximal end portion, opposed side surfaces that extend from the distal end portion to the proximal end portion, and top and bottom surfaces configured and adapted to engage vertebral bodies;

the top and bottom surfaces include engagement features configured to engage vertebral bodies adjacent the spinal implant to permit the spinal implant to move in one direction and prevent the spinal implant from moving in an opposite direction;

first orifices defined through the top surface, each orifice of the first orifices defining a respective centerline therethrough;

second orifices defined through the bottom surface each orifice of the second orifices defining a respective centerline therethrough, the second orifices connected to the first orifices by a plurality of first channels, the first channels defining a plurality of first channel rows;

wherein a first plurality of enlarged orifices is defined through the top and bottom surfaces to form a plurality of second channels, the second channels defining a plurality of second channel rows, each second channel row being interposed between first channel rows.

2. The spinal implant of claim 1, further comprising third orifices defined through at least one of the opposed side surfaces, the third orifices defining respective centerlines therethrough, wherein the centerlines of the third orifices extend through the plurality of first channels.

3. The spinal implant of claim 2, further comprising fourth orifices extending from one opposed side surface to the other opposed side surface, the fourth orifices defining respective centerlines therethrough, wherein the centerlines of the fourth orifices extend between the plurality of first channels.

4. The spinal implant of claim 1, further comprising a cavity extending through the top and bottom surfaces, the cavity defining a surface area that is at least 25% of a surface area of the top surface or the bottom surface.

5. The spinal implant of claim 1, wherein the top and bottom surfaces have a surface roughness between 3-4 μm.

6. The spinal implant of claim 1, wherein the distal end portion includes an engagement opening that is configured to be releasably engaged with a surgical instrument.

7. The spinal implant of claim 6, wherein the body defines a lateral window that passes through each of the side surfaces.

8. The spinal implant of claim 7, wherein the lateral window has a height equal to the diameter of the engagement opening, and wherein the lateral window is vertically aligned with the engagement opening.

9. A spinal implant comprising:

a body portion defining a longitudinal axis, the body portion including a distal end portion, a proximal end portion, opposed side surfaces that extend from the distal end portion to the proximal end portion, and top and bottom surfaces configured and adapted to engage vertebral bodies;

first orifices defined through the top surface, each orifice of the first orifices defining a respective centerline therethrough;

second orifices defined through the bottom surface each orifice of the second orifices defining a respective centerline therethrough, the second orifices connected to the first orifices by a plurality of first channels, the first channels defining a plurality of first channel rows;

third orifices defined through at least one of the opposed side surfaces, the third orifices defining respective centerlines therethrough, wherein the centerlines of the third orifices extend through the plurality of first channels, and

fourth orifices extending from one opposed side surface to the other opposed side surface, the fourth orifices defining respective centerlines therethrough, wherein the centerlines of the fourth orifices extend between the plurality of first channels,

wherein a first plurality of enlarged orifices is defined through the top and bottom surfaces to form a plurality of second channels, the second channels defining a plurality of second channel rows, each second channel row being interposed between first channel rows.

10. The spinal implant of claim 9, wherein a second plurality of enlarged orifices is defined through the other of the top or bottom surfaces.

11. The spinal implant of claim 10, wherein an enlarged orifice of the second plurality of enlarged orifices includes a diameter that is different than a diameter of an enlarged orifice of the first plurality of enlarged orifices.

12. The spinal implant of claim 11, wherein an enlarged orifice of the first plurality of enlarged orifices or an enlarged orifice of the second plurality of enlarged orifices includes a circular cross-section.

13. The spinal implant of claim 12, wherein an enlarged orifice of the first plurality of enlarged orifices includes a diamond-shaped cross-section.

14. The spinal implant of claim 12, wherein an enlarged orifice of the second plurality of enlarged orifices includes a diamond-shaped cross-section.

15. The spinal implant of claim 12, wherein each enlarged orifice of the first and second pluralities of enlarged orifices includes a diamond-shaped cross-section.

16. The spinal implant of claim 9, wherein one of the third orifices includes a cross-section different than one of the first orifices or one of the second orifices.

17. The spinal implant of claim 9, wherein opposed openings of one of the third orifices are offset with respect to each other.

18. The spinal implant of claim 17, wherein a third plurality of enlarged orifices is defined through one of the opposed side surfaces.

19. The spinal implant of claim 18, wherein one enlarged orifice of the third plurality of enlarged orifices includes a diamond-shaped cross-section.

20. The spinal implant of claim 9, wherein one of the third orifices includes a diamond-shaped cross-section.

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